Commission for Behavioral Health

Meeting Materials Packet

Commission Meeting

March 27, 2025

9 a.m. – 3:30 p.m.

1812 9th Street
Sacramento, CA 95811

(916) 500-0577
info@bhsoac.ca.gov

bhsoac.ca.gov

Commission for Behavioral Health

COMMISSION MEETING NOTICE AND AGENDA

March 27, 2025 – Meeting Day Two

NOTICE IS HEREBY GIVEN that the Commission will conduct a meeting on March 27, 2025, at 9:00 a.m.

This meeting will be conducted via teleconference pursuant to the Bagley-Keene Open Meeting Act according to Government Code sections 11123, 11123.5, and 11133. The location(s) from which the public may participate are listed below. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

DATE	March 27, 2025
TIME	9:00 a.m.
LOCATION	1812 9th Street, Sacramento, CA 95811 and Virtual

ZOOM ACCESS
Zoom meeting link and dial-in number will be provided upon registration.
Free registration link: **Click Here**

COMMISSION MEMBERS:
Mayra E Alvarez, *Chair*
Alfred Rowlett, *Vice Chair*
Pamela Baer
Michael Bernick
Mark Bontrager
Bill Brown, *Sheriff*
Keyondria D Bunch, Ph.D.
Robert Callan, Jr.
Steve Carnevale
Rayshell Chambers
Shuo (Shuonan) Chen
Christopher Contreras
Dave Cortese, *Senator*
Makenzie Cross
Dave Gordon
John Harabedian, *Assemblymember*
Karen Larsen
Mara Madrigal-Weiss
Gladys Mitchell
Rosielyn Pulmano, *Assembly Designee*
James L. Robinson III, Psy.D., MBA
Marjorie Swartz, *Senate Designee*
Marvin Southard, Ph.D.
Gary Tsai, MD

INTERIM EXECUTIVE DIRECTOR:
Will Lightbourne

Public participation is critical to the success of our work and deeply valued by the Commission. Please see the detailed explanation of how to participate in public comment after the meeting agenda.

Our Commitment to Excellence

The Commission's 2024-2027 Strategic Plan articulates four strategic goals:

- Champion vision into action to increase public understanding of services that address unmet behavioral health needs.
- Catalyze best practice networks to ensure access, improve outcomes, and reduce disparities.
- Inspire innovation and learning to close the gap between what can be done and what must be done.
- Relentlessly drive expectations in ways that reduce stigma, build empathy, and empower the public.

Meeting Agenda

It is anticipated that all items listed as "Action" on this agenda will be acted upon, although the Commission may decline or postpone action at its discretion. Items may be considered in any order at the discretion of the Chair. Public comment is taken on each agenda item. Unlisted items will not be considered.

9:00 a.m. **1. Call to Order and Roll Call**

Information

Chair Mayra E. Alvarez will convene the Commission meeting, and a roll call of Commissioners will be taken.

9:10 a.m. **2. Announcements and Updates**

Information

Chair Mayra E. Alvarez, Commissioners, and staff will make announcements and give updates. The Chair will provide a recap of yesterday's discussion.

- Public Comment

9:40 a.m. **3. General Public Comment**

Information

General Public Comment is reserved for items not listed on the agenda. No discussion or action will take place.

10:00 a.m. **4. Consent Calendar**

Action

All matters listed on the Consent Calendar are routine or noncontroversial and can be acted upon in one motion. There will be no separate discussion of these items prior to the time that the Commission votes on the motion unless a Commissioner requests a specific item to be removed from the Consent Calendar for individual action.

1. February 27, 2025 Meeting Minutes
2. San Mateo: Workforce Retention - Peer Support for Peer Workers up to $580,000
3. San Mateo: Animal Care for Housing Stability and Wellness up to $990,000
4. San Mateo: allcove© Half Moon Bay – Multi-County Collaborative up to 1,600,000
5. San Mateo: PIVOT – Developing capacity for Medi-Cal Billing up to $5,650,000
6. Ventura: Veteran Mentor Project up to $2,587,377
7. San Luis Obispo: Medi-Cal Maximizing & Training Initiative (MMTI) up to $600,000

- Public Comment
- Vote

10:10 a.m. **5. Advocacy Spotlight**

Information

The Commission will hear a presentation from Mental Health America of California on advocacy work conducted with LGTBQ+ communities. Presented by *Heidi Strunk, President & CEO, MHAC, Dimitrius Stone, Director of Programs, MHAC, Anthony Garibay-Mena, LIVE Project Manager, MHAC and Danny Thirakul, CAYEN Public Policy Coordinator, MHAC.*

- Public Comment

10:50 a.m. **7. Formation of Committees**

Action

The Commission will consider establishing three standing advisory committees: (1) Budget and Fiscal Advisory Committee, (2) Legislative and External Affairs Advisory Committee, and (3) Program Advisory Committee. Presented by *Sandra Gallardo, Chief Counsel.*

- Public Comment
- Vote

11:20 a.m. **8. Full-Service Partnership Legislative Report**

Action

The Commission will receive and consider adoption of the draft biennial report to the legislature on the outcomes for those receiving community mental health services under a full-service partnership model. Presented by *Kallie Clark, PhD, MSW, Research Scientist Supervisor I.*

- Public Comment
- Vote

12:30 p.m. **9. Lunch and Closed Session**

Consideration of Personnel Matter per Government Code sections 11126(a) and consideration of Litigation Matter per Government Code section 11126(e)(1).

- Public Comment

1:30 p.m. **10. Re-establish Quorum and Report Out from Closed Session**

Chair Alvarez will share any reportable actions that took place during closed session.

1:40 p.m. **11. Behavioral Health Student Services Act Legislative Report**

Action

The Commission will consider approval of the draft biennial progress report to the legislature on the Behavioral Health Student Services Act. Presented by *Melissa Martin-Mollard, PhD., Chief of Research and Evaluation.*

- Public Comment
- Vote

2:20 p.m. **12. Behavioral Health Student Services Act Evaluation**

Action

The Commission will consider approval of a contract up to $4 million for phase 2 of the Behavioral Health Student Services Act evaluation. Presented by *Melissa Martin-Mollard, PhD., Chief of Research and Evaluation.*

- Public Comment
- Vote

2:50 p.m. **13. Update on Process and Input on the Innovation Partnership Fund**

Informational

The Commission will hear an update on the process for gathering input from various community partners and local and state agencies on what could be included in the Innovation Partnership Fund strategy. Presented by *Will Lightbourne, Interim Executive Director.*

- Public Comment

3:30 p.m. **14. Adjournment**

Our Commitment to Transparency

In accordance with the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at www.bhsoac.ca.gov at least 10 calendar days prior to the meeting. Further information regarding this meeting may be obtained by calling (916) 500-0577 or by emailing bhsoac@bhsoac.ca.gov.

Our Commitment to Those with Disabilities

Pursuant to the Americans with Disabilities Act, individuals who, because of a disability need special assistance to participate in any Commission meeting or activities, may request assistance by calling (916) 500-0577 or by emailing bhsoac@bhsoac.ca.gov. Requests should be made one (1) week in advance, whenever possible.

Notes for Participation

For Public Comments: Prior to making your comments, please state your name for the record and identify any group or organization you represent.

Register to attend for free here:
https://bhsoac-ca-gov.zoom.us/meeting/register/XqQ-3H1pRtuJERR-pI4lVQ

Email Us: You can also submit public comment to the Commission by emailing us at publiccomment@bhsoac.ca.gov. Emailed public comments submitted at least 72 hours prior to the Commission meeting will be shared with Commissioners at the upcoming meeting. Public comment submitted less than 72 hours prior to the Commission meeting will be shared with Commissioners at a future meeting. Please note that public comments submitted to this email address will not receive a written response from the Commission. **Emailing public comments is not intended to replace the public comment period held during each Commission Meeting and in no way precludes a person from also providing public comments during the meetings.**

Public Participation: The telephone lines of members of the public who dial into the meeting will initially be muted to prevent background noise from inadvertently disrupting the meeting. Phone lines will be unmuted during all portions of the meeting that are appropriate for public comment to allow members of the public to comment. Please see additional instructions below regarding public participation procedures.

The Commission is not responsible for unforeseen technical difficulties that may occur. The Commission will endeavor to provide reliable means for members of the public to participate remotely; however, in the unlikely event that the remote means fail, the meeting may continue in person. For this reason, members of the public are advised to consider attending the meeting in person to ensure their participation during the meeting.

Public participation procedures: All members of the public have a right to offer comment at the Commission's public meeting. The Chair will indicate when a portion of the meeting is open for public comment. Any member of the public wishing to comment during public comment periods must do the following:

→ If joining in person. Complete a public comment request card and submit to Commission staff. When it is time for public comment, staff will call your name and you will be invited to the podium to speak. Members of the public should be prepared to complete their comments within 3 minutes or less, unless a different time allotment is needed and announced by the Chair.

→ If joining by call-in, press *9 on the phone. Pressing *9 will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. When it is your turn to comment, the meeting host will unmute your line and announce the last three digits of your telephone number. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

→ If joining by computer, press the raise hand icon on the control bar. Pressing the raise hand will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. When it is your turn to comment, the meeting host will unmute your line, announce your name, and ask if you'd like your video on. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

In accordance with California Government Code § 11125.7(c)(1), members of the public who utilize a translator or other translating technology will be given at least twice the allotted time to speak during a Public Comment period.

AGENDA ITEM 4

Action

March 27, 2025 Commission Meeting

Consent Calendar

Summary:
The Commission will consider approval of the Consent Calendar which contains the following Items and Innovation plans:

1) February 27, 2025 Meeting Minutes
2) San Mateo County Innovation project funding request: Workforce Retention – Peer Support for Peer Workers
3) San Mateo County Innovation project funding request: Animal Care for Housing Stability and Wellness
4) San Mateo County Multi-County Collaborative project funding request: allcove Half Moon Bay
5) San Mateo County Multi-County Collaborative project funding request: PIVOT – Developing Capacity for Medi-Cal Billing
6) Ventura County Innovation project funding request: Veteran Mentor Project
7) San Luis Obispo County Innovation project funding request: Medi-Cal Maximization and Training Initiative

Background:
Items are placed on the Consent Calendar with the approval of the Chair and are deemed non-controversial. Consent Calendar items shall be considered after public comment, without presentation or discussion. Any item may be pulled from the Consent Calendar at the request of any Commissioner. Items removed from the Consent Calendar may be held for future consideration at the discretion of the Chair.

February 27, 2025 Meeting Minutes
The Behavioral Health Services Oversight and Accountability Commission will review the minutes from the February 27, 2025 Commission meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Innovation Funding Requests

Four of the six proposed Innovation projects are from San Mateo and are summarized below:

San Mateo County's Community Planning Process

Local Level

The four proposed plans from San Mateo County being presented today arose from a robust Community Planning Process. In November 2022, San Mateo County Behavioral Health and Recovery Services (County or BHRS) began working with their community to develop their MHSA Three-Year Plan, engaging more than 400 clients, family members, community agencies and leaders using surveys, input sessions, and public comments. The community planning process included 14 existing collaboratives, 11 workgroups, 3 geographically based collaboratives, and 3 key stakeholder groups, representing individuals across the county and including a needs assessment.

Additionally, BHRS conducted a participatory process to gather ideas for innovation. After screening for Innovation regulatory requirements, County staff reviewed 14 ideas and brought four projects before the Commission for approval in February 2023. Following the passage of the BHSA, the County conducted a feasibility study to further evaluate the ideas from the 2022 participatory process resulting in a determination that the four proposed projects address current needs and align with the BHSA.

These four projects were posted for 30-day public comment period between October 2, 2024 and November 6, 2024, receiving Local Mental Health Board approval on November 6, 2024 and San Mateo Board of Supervisor approval on January 28, 2025.

Commission Level

Commission staff shared each project's initial plan with its community partners and the Commission's listserv on October 14, 2024, and comments were directed to County staff. The final project plans were shared with the Commission's community partners and listserv on November 27, 2024 (allcove) December 3, 2024 (Peer Support, Animal Care, and PIVOT). Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees as part of the email distribution list.

One comment was received in response to the Commission's final request for feedback. The comment was regarding the county's overall Request for Proposals (RFP) process, where the commenter indicated that preference or incentives should be given to applicants from the Disabled Veteran Business Enterprise and/or small businesses. The comment did not appear to speak specifically on programmatic details of this proposed innovation plan. Commission staff forwarded the comment directly to San Mateo County for consideration.

1) **Peer Support for Peer Workers**

   San Mateo County BHRS is requesting up to $580,000 of Innovation spending authority to implement a program that provides peer support to peer workers. Peer support is an evidence-based practice (EBP) that utilizes peers to improve outcomes and quality of life of community members experiencing mental health and/or substance use challenges. This project follows the peer support approach to meet the mental health and recovery needs

of individuals with lived experience who also serve as part of the behavioral health workforce.

Behavioral Health Services Act Alignment and Sustainability:
The Peer Support for Peer Workers Innovation project aligns with the BHSA's priority of investing in a culturally-competent and well-trained behavioral health workforce that provides services to a critical demographic of individuals with lived experience and their families while also increasing the quality of mental health services. Implementing a strong workforce of peer workers also addresses additional BHSA priorities, including housing interventions and FSP programs, as peers who share similar experiences in these areas can offer a specialized approach to providing high-quality services for the most vulnerable and at-risk individuals.

2) **Animal Care for Housing Stability and Wellness**
San Mateo County BHRS is requesting up to $990,000 of Innovation spending authority to test a solution to a known barrier that affects the wellness and housing stability of BHRS clients: a lack of temporary animal care during times of functional decline. The County reports that a significant number of BHRS clients, who are living with mental health and/or substance use challenges, rely on the comfort and support of their companion animals and hypothesize that temporary animal care would support wellness and increase housing stability. In this way, the pilot project will 1) facilitate entry into higher levels of care (for example, crisis or treatment residentials, hospitalization), and 2) help housed clients maintain housing.

Behavioral Health Services Act Alignment and Sustainability
The Animal Fostering and Care for Client Housing Stability and Wellness project aligns with BHSA priorities as it directly removes a known barrier to care that will enable the most vulnerable clients to engage in higher levels of care, or to maintain their housing. Specifically, this project aligns with the BHSA priority of providing housing interventions for persons at risk of homelessness by providing temporary animal foster care and other animal supports to prevent eviction and remove the dilemma of choosing a pet over maintaining a place to live. The project also aligns with the BHSA priority of supporting Full-Service Partnership (FSP) efforts since the pilot's target population are individuals who are enrolled in FSPs who need added supports during a period of functional decline.

3) **allcove Half Moon Bay**
San Mateo County is seeking approval in innovation spending authority up to $1,600,000 to join Sacramento and Santa Clara Counties in the allcove® Multi-County Collaborative.

San Mateo County proposes work in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing to increase access to services for individuals between the ages of 12-25 years old by implementing the allcove model for treating youth with emerging mental health needs. The allcove model was inspired by other youth driven-models located in Canada and Australia that function as a 'one-stop-shop' for youth to ensure they have the mental health resources and support systems in place to successfully

transition into adulthood. The County states that incorporating the allcove model will lead to better identification of the early warning signs of mental illness, resulting in a positive impact on youth overall mental health and wellbeing.
The allcove Multi-County Innovation Project presents San Mateo County and subsequent participating counties with an innovative opportunity to provide resources and services for youth that is responsive to their needs.

Sacramento was previously approved by the Commission to join the allcove collaborative on November 17, 2023, while the pilot County of this project, Santa Clara, was approved by the Commission on August 23, 2018.

Behavioral Health Services Act Alignment and Sustainability
The County states this project aligns with the Behavioral Health Services Act Transformation as mandated by Proposition 1 by providing early intervention programs, approaches, and resources to youth and young adults for mental health and substance use issues.

San Mateo hopes to develop a sustainability plan informed by the project's youth advisory group with the goal of leveraging funding thru Medi-Cal billing and Behavioral Health Services and Supports (Early Intervention) funding.

4) **PIVOT- Developing Capacity for Medi-Cal Billing**
San Mateo County BHRS is requesting up to $5,650,000 of Innovation spending authority to prepare for implementation of Proposition 1, by joining a component of Orange County's Progressive Improvements for Valued Outpatient Treatment (PIVOT) Innovation project, which was approved on November 21, 2024. Specifically, the County is requesting to join the PIVOT component: Developing Capacity for Specialty Mental Health Plan Services with Diverse Communities. This component seeks to identify the minimum necessary requirements for CBOs to provide specialty mental health plan services through Medi-Cal certification.

Behavioral Health Services Act Alignment and Sustainability
The PIVOT project directly supports counties to prepare for the transition from the Mental Health Services Act (MHSA) to the BHSA. The component that San Mateo County is requesting to join focuses on expanding accessible and culturally informed early intervention supports through changes in infrastructure that allows community-based mental health providers to bill Medi-Cal for specialty mental health services (SMHS). Additionally, implementing this PIVOT component and developing community infrastructure to bill Medi-Cal not only supports core BHSA priorities, but it also addresses San Mateo County's local priorities, as evident in their local community program planning (CPP) process. Additional details on their local needs assessment and CPP process can be found on pages 2-7 of their final plan.

Since this project will develop the necessary infrastructure to support the county's community-based network of providers, it is self-sustaining. Any ongoing staffing needs may utilize the additional BHSA 2% administration allocation as appropriate.

The final two Innovation proposals are from Ventura and San Luis Obispo Counties and are summarized below:

5) **Ventura County: Veteran Mentor Project**

Ventura is requesting up to $2,587,377 of Innovation spending authority to provide peer supports and resources for both veterans and emergency first responders who may encounter challenges transitioning to non-emergency and non-military civilian life. For the purposes of this project, the County indicates the term "veteran" refers to both military veterans and first responders.

Behavioral Health Services Act Alignment and Sustainability

The Veterans Mentor Innovation Project aligns with the BHSA's priority of investing in individuals living with or who are currently at-risk of developing a serious behavioral health condition. Due to the high rates of death by suicide for veterans, the County is focusing on this population.

The evaluation will determine the overall success of this project and that will allow the County to elect to continue the program in its entirety or continue certain components of the project. If continued, the County will sustain funding of this project by utilizing Early Intervention funding within the Behavioral Health Services and Supports component of the BHSA.

Community Planning Process

Local Level

In 2021, Ventura County began working with their community to review innovation criteria and discuss a total of 52 innovation projects that had been submitted. The MHSA Planning Committee is represented by various populations within the community to encourage meaningful and robust stakeholder engagement. Out of the 52 projects reviewed, 5 were selected for continued development.

The County has addressed how this project aligns with MHSA General Standards by collaborating with other agencies within the County, being culturally sensitive and client/family-driven with a goal of overall wellness.

Ventura County's 30-day public comment period was held between November 18, 2024 and December 16, 2024, and the plan received Local Mental Health Board approval on December 16, 2024. It is scheduled for Board of Supervisor approval on March 11, 2025.

Commission Level

Commission staff shared this project's initial plan with its community partners and the Commission's listserv on November 19, 2024, and comments were directed to County

staff. A final project plan was shared with the Commission's community partners and listserv on December 23, 2024. No comments were received in response to the Commission's final request for feedback.

6) **San Luis Obispo: Medi-Cal Maximization and Training Initiative**

San Luis Obispo County Behavioral Health Department (County/SLOBHD) is requesting up to $600,000 of Innovation spending authority to prepare for Proposition 1 and the Behavioral Health Services Act (BHSA) implementation, which restructures the Mental Health Services Act (MHSA) funding categories and forces many existing programs to shift their business models, or otherwise risk being terminated. Through an external subject matter expert (SME), this project aims to assess community partners' current systems and capacities and transition them into a more efficient and sustainable funding structure through direct and personalized technical assistance. Specific programs that this project will focus on include Full Service Partnerships (FSPs), school-based counseling and early intervention programs, peer support services, and other eligible mental health services.

Behavioral Health Services Act Alignment and Sustainability

The Medi-Cal Maximization and Training Initiative (MMTI) project aligns with the BHSA's priority of investing in early intervention services and supports that serve adults, children, and youth who may be experiencing, or are at risk of experiencing, homelessness and/or serious mental illness. Additionally, this project seeks to lower overall administrative burden and develop best practices for FSP teams so that they can reach fidelity and focus more on providing client care.

Each participating program will be extensively reviewed to determine the most appropriate funding structure for its continuation, allowing programs to be self-sustaining and less reliant on BHSA or other unstable funding sources. Opportunities for support include maximization of Medi-Cal billing, application of private insurance billing, and/or other billable revenue models, where applicable. The fiscal impact for each participating program will also be examined to determine whether Medi-Cal maximization was achieved.

Community Planning Process

<u>Local Level</u>

For the past two years, SLOBHD and community mental health service providers have had ongoing dialogue regarding the increasing need for support around revenue-generating strategies. This has been the primary focus during community meetings and has led to the creation of this MMTI project proposal. Particularly with the passing of Proposition 1 and the impending changes of funding categories, providers are requiring assistance now more than ever. On January 29, 2025, the MMTI plan was presented to the Mental Health Advisory Committee (MAC) to solicit feedback, suggestions, and support. The MAC is open to public attendance, and membership is comprised of diverse representatives, including community members, consumers, families, providers, and local mental health experts. The plan was unanimously approved, and subsequently, SLOBHD began seeking providers who would be interested in participating.

On February 19, 2025, the MMTI project was presented to the SLO County Behavioral Health Board, where members voiced full support of the plan. During the meeting, one public comment was received. The commenter identified strengths of the plan, such as its focus on expanding billing opportunities and the growing need of these types of supports in light of the upcoming BHSA transformation. The individual also called out the need for quality consultants, as well as the need for equal access of learned information to all CBOs. To address these considerations, the County plan indicates that it will disseminate a competitive request for proposals, and evaluation updates will be posted annually for all to view.

The 30-day public comment period for this plan was January 29, 2025 through February 28, 2025 and was disseminated through the SLOBHD website and social media. Within that time, SLOBHD received two comments – one in support of the plan, and the other asking if the consultant will be external of SLOBHD staff. Per the plan, the SME consultant will be an external contractor.

The plan was presented to San Luis Obispo County's local Behavioral Health Board on February 19, 2025 and is scheduled for review by the Board of Supervisors on March 25, 2025.

Commission Level
Commission staff shared this project's initial plan with its community partners and the Commission's listserv on January 31, 2025, and comments were directed to Commission staff. An updated project plan was shared with the Commission's community partners and listserv on February 28, 2025. No comments were received in response to the Commission's final request for feedback.

Presenter(s): None

Enclosures (9): (1) February 27, 2025 Minutes; (2) February 27, 2025 Motions Summary; (3) Commission Community Engagement Process; (4) San Mateo Analysis: Workforce Retention – Peer Support for Peer Workers; (5) San Mateo Analysis: Animal Care for Housing Stability and Wellness; (6) Multi-County Collaborative: allcove Half Moon Bay (San Mateo); (7) San Mateo Analysis: PIVOT – Developing Capacity for Medi-Cal Billing; (8) Ventura Analysis: Veteran Mentor Project; (9) San Luis Obispo Analysis: Medi-Cal Maximization and Training Initiative

Handouts: None

Additional Materials (6): Links to the final Innovation projects are available on the Commission's website at the following URLs:

San Mateo: Peer Support for Peer Workers
San_Mateo_INN_Plan_Peer_Support_FINAL.pdf

San Mateo: Animal Care for Housing Stability and Wellness
San_Mateo_INN_Plan_Animal_Care_FINAL.pdf

allcove Half Moon Bay (San Mateo) Multi-County Collaborative
https://mhsoac.ca.gov/wp-content/uploads/MultiCountyINNCollab_SanMateo_allcove.pdf

San Mateo: PIVOT- Developing Capacity for Medi-Cal Billing
San_Mateo_INN_Project_PIVOT_FINAL.pdf

Ventura: Veteran Mentor Project
https://bhsoac.ca.gov/wp-content/uploads/Ventura_INN-Plan_Veteran-Mentor_REVISED.pdf

San Luis Obispo: Medi-Cal Maximization and Training Initiative
San Luis Obispo_INN Plan_MMTI_FINAL.pdf

Proposed Motion: That the Commission approve the Consent Calendar that includes:

1) February 27, 2025 Meeting Minutes
2) Funding for San Mateo County's Peer Support for Peer Workers Innovation Project for up to $580,000; and
3) Funding for San Mateo County's Animal Care for Housing Stability and Wellness Innovation Project for up to $990,000; and
4) Funding for San Mateo County's allcove Half Moon Bay Multi-County Collaborative Innovation Project for up to $1,600,000; and
5) Funding for San Mateo County's PIVOT – Developing Capacity for Medi-Cal Billing Innovation Project for up to $5,650,000; and
6) Funding for Ventura County's Veteran Mentor Project Innovation Project for up to $2,587,377; and
7) Funding for San Luis Obispo County's Medi-Cal Maximization and Training Initiative Project for up to $600,000

State of California

BEHAVIORAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Commission Meeting Minutes

Date February 27, 2025

Time 9:00 a.m.

Location BHSOAC
1812 9th Street
Sacramento, California 95811

Members Participating:

Mayra Alvarez, M.H.A., Chair
Alfred Rowlett, M.B.A., M.S.W., Vice Chair
Pamela Baer
Michael Bernick[1]
Mark Bontrager, J.D., M.S.W.
Sheriff Bill Brown, M.P.A.*
Keyondria Bunch, Ph.D.
Robert Callan, Jr.
Steve Carnevale
Rayshell Chambers, M.P.A.
Christopher Contreras*
Senator Dave Cortese, J.D.
by Marjorie Swartz
Makenzie Cross
David Gordon, Ed.M.
Assembly Member John Harabedian
by Rosielyn Pulmano
Karen Larsen
Mara Madrigal-Weiss, M.Ed., Immediate Past Chair
Gladys Mitchell, M.S.W.
Jay Robinson, Psy.D., M.B.A.
Marvin Southard, Ph.D.*
Gary Tsai, M.D., DFAPA, FASAM

*Participated remotely
[1] a.m. only

Members Absent:

Shuo Chen, J.D.

BHSOAC Meeting Staff Present:

Will Lightbourne, Interim Executive Director
Sandra Gallardo, Chief Counsel
Tom Orrock, Deputy Director, Program Operations
Norma Pate, Deputy Director, Administration and Performance Management
Kendra Zoller, Deputy Director, Legislation
Kallie Clark, Ph.D., Research Scientist Supervisor
Kai LeMasson, Ph.D., Research Scientist Supervisor
Melissa Martin-Mollard, Ph.D., Chief, Research and Evaluation

Kali Patterson, Research Scientist Supervisor
Lester Robancho, Health Program Specialist
Amariani Martinez, Administrative Support
Cody Scott, Meeting Logistics Technician

[Note: Agenda Item 7 was revisited prior to hearing Agenda Item 13. These minutes reflect this Agenda Item as listed on the agenda and not as taken in chronological order.]

1: Call to Order and Roll Call

Chair Mayra Alvarez called the Meeting of the Behavioral Health Services Oversight and Accountability Commission (BHSOAC, Commission, or Commission for Behavioral Health (CBH)) to order at 9:07 a.m. and welcomed everyone. The meeting was on Zoom, via teleconference, and held at the BHSOAC headquarters, located at 1812 9th Street, Sacramento, California 95811.

Chair Alvarez stated the Commission's Strategic Plan for 2024-27 was approved at the January 25th Commission meeting last year. She reviewed a slide about how today's agenda supports the Commission's Strategic Plan Goals and Objectives, and noted that the meeting agenda items are connected to those goals to help explain the work of the Commission and to provide transparency for the projects underway.

Sandra Gallardo, Chief Counsel, called the roll and confirmed the presence of a quorum. Attending in Person: Chair Alvarez, Vice Chair Rowlett, and Commissioners Baer, Bernick, Bontrager, Bunch, Callan, Carnevale, Chambers, Cortese, Cross, Gordon, Harabedian, Larsen, Madrigal-Weiss, Mitchell, Robinson, and Tsai. Attending Remotely: Brown, Contreras, and Southard.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

2: Announcements and Updates

Chair Alvarez and Vice Chair Rowlett gave the announcements as follows:

Los Angeles Wildfires

Time has been set aside on today's agenda to hear from Los Angeles County's Department of Mental Health on the urgent needs arising from the recent wildfires and what can be done to help with those needs.

New Commissioners Welcome

Chair Alvarez welcomed new Commissioners Baer, Bernick, Callan, Contreras, Cross, Harabedian, Larsen, and Southard, and asked them to introduce themselves.

Commission Meetings

- The November 2024 Commission meeting recording is now available on the website. Most previous recordings are available upon request by emailing the general inbox at bhsoac@bhsoac.ca.gov.
- The next Commission meeting is a two-day meeting to take place on March 26th and 27th. Details are forthcoming.

Commission Changes

- Advocacy partners will be invited to present at Commission meetings on a rotating basis so Commissioners can hear directly from them about constituencies' needs and expectations.
- With the exception of emergency needs, all future solicitation for proposals, services, and contracts will be agendized, clearly explained, discussed by Commissioners, and, following public comment, authorized by a public vote of the Commission.
- Contracts to be awarded under the Commission's sole-source or limited-source authority will be disclosed as such and entered only if the Commission is satisfied with the need to bypass competitive procurement.
- Contracts or funding commitments, regardless of size, that are entered into under the Executive Director's authority prior to Commission approval will be reported at the following meeting, and exigent circumstances will be explained.
- Commission staff will always be treated professionally and with respect by the Executive Director and every member of the Commission.

New Advisory Committees

The Commission will launch three advisory committees at the March 27th, 2025, meeting: the Budget/Finance Committee, the Programs Committee, and the Policy/Advocacy Committee. Proposed committee charters will be considered for adoption at the March meeting and Committee members will be appointed. Between now and the March meeting, staff will send a survey, along with the draft charters, to Commissioners to ask for interest in serving on one of these Committees.

Black History Month

February is Black History Month, an important time to recognize and celebrate the incredible contributions Black individuals have made throughout history. Black History Month provides an opportunity to honor the rich heritage, resilience, and achievements of Black communities. It is also a time to acknowledge the ongoing inequalities that exist in the justice system, behavioral health services, and educational institutions. Acknowledging the injustice of the past can help people to better understand current struggles and work towards a more inclusive future.

Peer Respites

Commissioner Chambers will be leading staff on a series of informational and educational site visits in March for the new initiative on peer respites, one of the final priorities chosen by the Commission for the Mental Health Wellness Act Grant Program. These visits will help staff gather insights to inform their next steps as they develop a concept paper to present to the Commission later this year.

Requests for Proposals

The Commission has recently released the Immigrant and Refugee advocacy Request for Proposals (RFP), the 0-5 Maternal Behavioral Health Request for Applications (RFA), and the K-12 advocacy RFP, which were posted on the Commission's website.

Current Political Climate

In the current political climate, many Californians are unsure about their safety and well-being. Many states are expressing concern about recent actions by the federal government around immigration policies, LGBTQ rights, and the availability of federal funding to support behavioral health objectives. In addition to this, there are concerns about the potential for losing federal funding as a result of not complying with the administration's policies. Overall, the shift in federal policies has brought tension and uncertainty to California and behavioral health partners. The Commission will work with other state agencies and the Governor's Office to ensure that the behavioral health needs of all communities remain the top priority.

Welcome from CalHHS, HCD, and CalVet

Stephanie Welch, Deputy Secretary of Behavioral Health for the California Health and Human Services Agency (CalHHS); Zack Olmstead, Chief Deputy Director for the California Department of Housing and Community Development (HCD); and Roberto Herrera, Deputy Secretary of Veteran Services, for the California Department of Veterans Affairs (CalVet), introduced themselves and their organizations, welcomed new Commissioners, and stated they looked forward to continued partnership with the BHSOAC going forward.

Commissioner Comments & Questions

Commissioner Robinson suggested opening meetings with a caring moment as a reminder of who the Commission is working for and what it is trying to do. It is an opportunity for staff to share what they are working on and how it touches people.

3: General Public Comment

Stacie Hiramoto (attended in person), Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), welcomed new Commissioners. The speaker thanked Chair Alvarez and Vice Chair Rowlett for the upcoming changes outlined in the announcements for increased communication and collaboration with the community.

Steve McNally (attended remotely via Zoom), family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, echoed Stacie Hiramoto's comments and stated it was good to see Chair Alvarez and Vice Chair Rowlett at the California Behavioral Health Planning Council (CBHPC) meeting. The speaker suggested partnering with the 59 county behavioral health boards, which includes 59 electeds and over 900 citizens. The speaker noted that Southern California has four counties that share one TV market, one radio market, and two newspaper groups. This represents 45 percent of California's need.

Jay Calcagno (attended remotely via Zoom), Policy Analyst, California Behavioral Health Association (CBHA), echoed the Chair and Vice Chair's comments on respectful discourse, recognizing the impact of the Los Angeles wildfires, and the commemoration of Black History Month. The speaker highlighted the need for robust funding for community-based organizations, especially in supporting providers in matters of navigating the implementation complexities of Behavioral Health Transformation under

Proposition 1 and between the state's ongoing efforts to create a more equitable behavioral health system for all Californians.

Laurel Benhamida, Ph.D., (attended remotely via Zoom), Muslim American Society – Social Services Foundation, the California Reducing Disparities Project (CRDP), and REMHDCO, echoed Stacie Hiramoto's comments and reviewed the diverse populations residing in Sacramento and Yolo Counties. Many members of diverse communities are youth. The speaker suggested that the Commission tour schools, bakeries, and restaurants in these counties.

Dave Cortright (attended remotely via Zoom), member of the CBHPC and Santa Clara Behavioral Health Board, speaking as an individual, introduced themself, stated they are a Certified Peer Support Specialist, and offered their assistance to Commissioners.

Micki Archuleta (public comment submitted in writing) advocated for the formal inclusion of community members in decision-making processes regarding the allocation and oversight of behavioral health funding in Merced County, especially in light of the recent passage of Proposition 1 in March 2024. Community-based organizations are instrumental in addressing the unique behavioral health challenges within the county. By mandating their involvement in funding decisions, resources can be allocated efficiently and equitably to address the specific needs of the county's diverse population.

Micki Archuleta suggested the following framework for inclusion:

- Establish a community advisory board, consisting of representatives from local organizations, behavioral health professionals, and community advocates, to provide recommendations on funding priorities and program implementations.
- Host quarterly public forums where community members can voice concerns, share experiences, and offer suggestions. This transparency fosters trust and ensures that decision-makers remain attuned to the community's evolving needs.
- Hold collaborative planning sessions with community leaders to ensure that programs are tailored to local contexts, enhancing their effectiveness and sustainability.

Micki Archuleta stated integrating community members into behavioral health funding decisions upholds the principles of transparency and accountability and harnesses the collective experiences of those most familiar with the challenges the county aims to address.

4: <u>Advocacy Spotlight</u>

Chair Alvarez stated the Advocacy Spotlight is a new standing agenda item for the Commission. One contracted advocacy organization will be invited to share the work they are doing to provide advocacy around the state on behalf of and with marginalized and often underserved populations. These contracts are intended to ensure that interests of these groups are represented in the work of the Commission and in local behavioral health planning and state-level policy making. To accomplish their work, the organizations conduct advocacy activities, training, and outreach and engagement events around the state.

Chair Alvarez stated the Commission will hear a presentation from the California Pan-Ethnic Health Network (CPEHN) about their advocacy work conducted with diverse racial and ethnic communities and immigrant and refugee communities. She asked the representatives from CPEHN to present this agenda item.

Kiran Savage-Sangwan, Executive Director, CPEHN, provided an overview, with a slide presentation, of the work and accomplishments of CPEHN's advocacy and engagement activities. She highlighted the organization's work on their "A Right to Heal: Mental Health in Diverse Communities" project. She stated equity is fundamentally about power; this often gets lost in the conversation. This advocacy contract is about building community power and partnering with local governments to shift, to share, and to recognize the power that exists in communities.

Vattana Peong, Executive Director, The Cambodian Family Community Center (The Cambodian Family), and former member of the Cultural and Linguistic Competency Committee (CLCC), continued the presentation and discussed the work and accomplishments of The Cambodian Family's advocacy and engagement activities. He noted that Cambodian immigrants and refugees are among the most traumatized populations in the U.S., yet approximately 80 percent of Cambodian community members in Orange County are unaware of available behavioral health services due to language barriers and lack of specific outreach and education for the community.

Ms. Savage-Sangwan provided five recommendations for the work of the Commission:

- Leverage the Behavioral Health Services Act (BHSA) to reduce stigma and discrimination across systems.
- Utilize county integrated plans to address language access.
- Support organizing as a behavioral health strategy.
- Utilize partnerships and model community planning.
- Support community programs to transition to early intervention.

Commissioner Comments & Questions

Commissioner Tsai asked if the data for the non-specialty mental health services was specific to public managed care plans.

Ms. Savage-Sangwan stated it was Medi-Cal only.

Commissioner Tsai stated the chart in the presentation slides helped show the opportunity to better engage individuals with mental health and substance use conditions within non-specialty settings. He stated his organization has identified opportunities to provide financial incentives for agencies to hire and train individuals who are bilingual to help with language barrier issues.

Commissioner Chambers stated CPEHN has been a bridge for community organizations to connect on advocacy issues. She stated advocacy should be integrated in the system to help communities of color better understand the policy landscape. She encouraged advocates to continue working with the data around commercial plans.

Commissioner Carnevale suggested digital platforms in Cambodian to supplement therapists with prevention and early intervention tools as a relatively low-cost way to use innovation funding.

Commissioner Bunch asked who will be following up on the advocacy contractor recommendations.

Chair Alvarez stated the intent of this new standing agenda item is for Commissioners and the public to hear directly from advocacy contractors on their recommendations. These recommendations will help hold Commissioners accountable to apply them to Commission priorities.

Interim Executive Director Lightbourne added this new standing agenda item is a deliberate next step to adding community voice to the Commission's suggestions and recommendations to the Administration and the Legislature, and ensuring that community recommendations are built into future advocacy proposals and documents that staff brings back to the Commission.

Commissioner Gordon stated the Sacramento County Office of Education (SCOE) has a pipeline program model that begins in high school to train the population to serve in communities in the future. He noted that scholarships are not enough; models like this depend upon a reliable source of stipending to sustain young people as they move through the necessary educational steps.

Vice Chair Rowlett suggested that staff provide a brief summary of the previous Advocacy Spotlight presentation and how staff responded to comments and recommendations made as part of this agenda item.

Vice Chair Rowlett shared a quote from Dr. Ruth Shim that structures behave the way they were designed to behave. He noted that a structure that does not appreciate language and language diversity is racially and culturally biased and harmful, but those structures perform the way they were designed to perform. The current national discourse regarding diversity, equity, and inclusion is the opposite of what the Commission stands for. He asked the Commission to begin thinking about that question.

Chair Alvarez excused herself from the meeting and deferred to Vice Chair Rowlett to facilitate the meeting until her return.

Public Comment

Stacie Hiramoto stated the advocacy contracts are one of the most important things that the Commission does. The speaker stated appreciation to the Commission for the standing Advocacy Spotlight agenda item.

Laurel Benhamida suggested that CPEHN present an update on their webinar on the new federal demographic categories for the census and other purposes.

Laurel Benhamida agreed that language access is important. The speaker noted that interpreters are for spoken language; translators are for written language. Too many training programs for interpreters only teach ethics and other ancillary skills. It is important to test interpreters for accuracy. Behavioral health interpreting will always take twice as long because consecutive is the only kind of interpreting that will work in the

behavioral health space. The provider and interpreter must be compensated. A better path is to have a pipeline for professionals and paraprofessionals who are bilingual or multilingual. The speaker suggested a presentation on how threshold languages are determined.

Jay Calcagno amplified the comments and highlights presented by CPEHN. It is important for the Commission, as an oversight body, to continue to uplift and advocate for the importance of equity-driven and culturally-competent policies that continue to serve the most vulnerable and marginalized communities. The speaker echoed Dr. Benhamida's comments on improved language access for behavioral health services.

Commissioner Discussion

Commissioner Mitchell stated older adults are a powerful force in front of the county boards of supervisors. She stated the need for The Cambodian Family's work to help seniors advocate to be replicated across all communities involved in this type of work.

Mr. Peong stated The Cambodian Family shares best practices with other local communities but welcomes expanding the model. He suggested looking within current client populations for seniors who are unable to access services, working with them, and turning frustration into power.

Commissioner Callan asked if Mr. Peong finds the stigma of needing help for mental illness a problem in certain communities, particularly older groups.

Mr. Peong stated stigma continues to be a major challenge for communities to access behavioral health services. The Cambodian Family's Community Wellness Program, part of the CRDP, addresses the need for culturally-appropriate behavioral health services through implementing Community-Defined Evidence Practices (CDEPs) to overcome stigma.

Commissioner Tsai suggested including data around substance use as Proposition 1 implementation advances to better understand the impact of substance use on various communities.

Commissioner Mitchell stated the need for more Asian therapists. She suggested that CPEHN spread the word about the need for more Asian therapists and demonstrate the value of that pipeline to the community.

Mr. Peong noted that a pipeline for community health workers is also important to the community.

5: November 21, 2024, Meeting Minutes

Vice Chair Rowlett stated the Commission will consider approval of the minutes from the November 21, 2024, Commission meeting. He stated meeting minutes and recordings are posted on the Commission's website.

There were no questions from Commissioners and no public comment.

Action: Vice Chair Rowlett asked for a motion to approve the minutes. Commissioner Robinson made a motion, seconded by Commissioner Bunch, that:

- *The Commission approves the November 21, 2024, Meeting Minutes, as presented.*

Motion passed 10 yes, 0 no, and 8 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Bontrager, Brown, Bunch, Carnevale, Chambers, Gordon, Mitchell, Robinson, and Tsai, and Vice Chair Rowlett.

The following Commissioners abstained: Commissioners Baer, Bernick, Callan, Contreras, Cross, Larsen, Madrigal-Weiss, and Southard.

Absent: Chair Alvarez

Note: Minutes approval was based on Commission membership as of 12/31/2024.

6: Behavioral Health Response to LA Wildfires

Vice Chair Rowlett stated the Commission will hear about the impact of Los Angeles wildfires on area residents and will be informed about the feedback obtained from the Los Angeles Department of Behavioral Health, schools, facilities, and other service providers. The Commission will consider both immediate and long-range responses. He asked Commissioner Tsai to introduce this agenda item.

Commissioner Tsai discussed impacts experienced in Los Angeles County related to substance use disorder (SUD) and mental health service delivery. He stated it was heartwarming to see the network come together and the support received during this difficult time. He stated the need to recognize and acknowledge that the trauma experienced due to the wildfires will undoubtedly cause an increase in mental health and substance use issues in the future.

Kalene Gilbert, BHSA Coordinator, Los Angeles County Department of Mental Health, discussed impacts experienced in Los Angeles County and how the mental health department is adjusting to those impacts. She stated the Department is currently transitioning from crisis response to a recovery phase and is working to provide ongoing trauma support into the future. She highlighted the fact that pharmacies play an important part in these emergency evacuation situations where evacuees must leave without taking the time to collect their prescription medications.

Commissioner Comments & Questions

Commissioner Chambers agreed that the long-term impacts should not be forgotten. She noted that her staff at Painted Brain and county workers served clients and supported practitioners while also experiencing trauma. She asked everyone not to forget about Los Angeles communities, particularly older adult populations.

Commissioner Southard stated partnerships with faith communities in Los Angeles have been powerful during this devastating time. Faith communities have been reaching out for the long-term consequences of the trauma experienced.

Public Comment

Jay Calcagno stated the CBHA is committed to supporting efforts, including those of the Commission, that address the immediate needs of those impacted, starting with legislation that seeks to expand access to behavioral health care, such as Assembly Bill

(AB) 1032, and developing a resource guide for providers and the public to direct them to recovery support resources.

7: Executive Director Screening Committee

Vice Chair Rowlett stated, during the closed session at the Commission's October 24th, 2024, meeting, the Executive Director submitted his resignation and, at the November 4th Commission meeting, Will Lightbourne was appointed as Interim Executive Director while the Commission conducts a search for a permanent Executive Director. The Commission conducted a listening session on February 6th, 2025, to gather feedback on the hard and soft skills that the new Executive Director should possess. This information will be used by a screening committee as they assess applicants.

Vice Chair Rowlett stated the purpose of this agenda item is to propose the creation of the Executive Director Screening Committee. He stated, if the proposal is approved, Commissioners Carnevale, Cross, Gordon, Madrigal-Weiss, Rowlett, and Southard will be appointed to serve on the Committee with Commissioner Robinson serving as the Chair.

Commissioners asked clarifying questions and expressed interest in serving on the Committee.

Public Comment

There was no public comment.

Action: Vice Chair Rowlett asked for a motion to form an Executive Director Screening Committee to identify potential candidates for the role of Executive Director of the Commission. Commissioner Madrigal-Weiss made a motion, seconded by Commissioner Brown, that:

- *The Commission forms an Executive Director Screening Committee to identify potential candidates for the role of Executive Director of the Commission.*

Motion passed 15 yes, 2 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Baer, Bernick, Bontrager, Brown, Callan, Carnevale, Contreras, Cross, Gordon, Larsen, Madrigal-Weiss, Robinson, Southard, and Tsai, and Vice Chair Rowlett.

The following Commissioners voted "No": Commissioners Bunch and Chambers.

The following Commissioner abstained: Commissioner Mitchell.

[Note: Agenda Item 7 was revisited prior to hearing Agenda Item 13.]

Item 7, Revisited

Chair Alvarez revisited Agenda Item 7 upon her return to the meeting to respond to Commissioner questions and concerns heard while she was away. She verified with Commissioner Robinson that there was room for additional Committee members. She announced the members of the Executive Director Screening Committee:

Commissioner Robinson, Chair of the Committee, and Commissioners Brown, Bunch, Carnevale, Cross, Gordon, Madrigal-Weiss, Southard, and Vice Chair Rowlett.

8: Consent Calendar

Vice Chair Rowlett tabled this agenda item to the next Commission meeting.

9: School-Based Universal Mental Health Screening Legislative Report

Vice Chair Rowlett stated the Commission will receive and consider adoption of a draft legislative report and recommendations on school-based universal mental health screenings (SUMHS) for children and youth. This report presents findings from a landscape analysis of statewide SUMHS policies and practices and a set of recommendations for implementing SUMHS in support of California's broader youth behavioral health initiatives. He asked staff to present this agenda item.

Kali Patterson, Research Scientist Supervisor, provided an overview, with a slide presentation, of the background, landscape analysis findings, and recommendations for SUMHS implementation. She stated the SUMHS data informs multi-tiered systems of support, including universal prevention and wellness promotion, targeted early intervention, and intensive intervention. She shared recommendations for SUMHS implementation:

- Establish leadership and guidance for school-based behavioral health, including SUMHS practices.
- Improve awareness, trust, and participation of students, parents, caregivers, and educators.
- Build capacity for implementing SUMHS through incentives, resources, and scaled approaches.

Commissioner Comments & Questions

Commissioner Cross suggested the Governor's Take Space to Pause campaign as a resource that helps destigmatize behavioral health for youth by teaching positive self-help skills. She suggested that the Finch app be implemented in schools for emotional support. It gamifies productivity and helps with routine. She suggested inviting community-based organizations to do wellness fairs for youth at schools.

Commissioner Chambers suggested education for parents prior to implementing behavioral health screening and considering how the screening will impact communities of color that do not engage with it. She stated campaigns are important to promote and support psychoeducation. She suggested that youth peer supporters would be a strong asset for youth who use apps in tandem with human interventions.

Commissioner Gordon referred to the Core Features of a Comprehensive School Mental Health System graph on the landscape analysis finding slide and stated the report should emphasize the importance of schools having these eight Core Features in place prior to implementing the screening, because the screening is only as good as the school's capacity to follow up on the findings of the screening.

Commissioner Gordon stated concern that sustainable funding is one of the Core Features, yet California is not good at sustainable funding. The report should emphasize that, unless and until the school system has made significant progress in creating the eight Core Features, it is potentially risky to embark on screening.

Commissioner Mitchell asked who conducts the screenings, what their qualifications are, who gets screened, how students are referred, how frequently students are screened, who does the follow-up after screening to ensure goals are met, what resources are used to support the post-screening findings, and what tools are used to communicate between the school, the county, and the family.

Ms. Patterson stated the report hopefully addresses the questions and concerns raised by Commissioners Gordon and Mitchell. She stated the screening is not meant to be diagnostic. That happens later, if necessary. This is a general screening over time of a young person's socioemotional and behavioral wellbeing and the factors known to contribute to that. Communication starts before screening in the planning phase, when the protocols brought up by Commissioner Mitchell are determined. She stated the need for the state to invest in infrastructure to support school-based services that are standardized and easy to connect to community-based services.

Commissioner Tsai suggested using the term "behavioral health check-in" rather than "screening" because of the automatic connection between the words "screening" and "diagnosis." He stated concern that the report mentions "mental and behavioral health." Behavioral health by definition is essentially mental health plus substance use. The only thing being excluded in that terminology is substance use. Stigma cannot be addressed by avoiding words. He stated it is important to be mindful of this in the language used in all Commission reports and inquiries.

Commissioner Madrigal-Weiss stated the report is titled "mental health" because it follows the legislation. Commissioners agree that substance use needs to be included in the screenings. She noted that organizations have worked for years to help schools understand the difference between a screening tool and an assessment tool and they are finally getting there. She suggested keeping the word "screening" for this reason.

Commissioner Carnevale suggested a larger study on behavioral health screening across the lifespan. He stated the need for a shared office for the behavioral health and school systems to help these two systems work together.

Commissioner Brown asked if an instrument completed by the child or parent is scored by a behavioral health care professional.

Ms. Patterson stated there are many types of instruments that depend on the population, the age being screened, and the goal of the screener. Screenings are easily interpreted by a lay audience.

Commissioner Brown asked why screenings are not standardized, based on the different populations, and vetted by those populations. He suggested that the presentation needs a more specific definition of what it is, the different types of instruments, and challenges in selecting an instrument.

Ms. Patterson stated there is not a consensus on the standards currently. The point the report is trying to make is that standards around implementation are more important than the tool itself.

Vice Chair Rowlett asked for a motion to approve the School-Based Universal Mental Health Screening Legislative Report.

Commissioner Bunch made a motion.

Commissioner Madrigal-Weiss seconded.

Commissioner Tsai proposed the friendly amendment to change the motion from mental health screening to behavioral health screening.

Commissioners Bunch and Madrigal-Weiss accepted Commissioner Tsai's friendly amendment.

Public Comment

Kassie Williams (attended remotely via Zoom) stated they were a school psychologist in Arizona for ten years and piloted exactly what this presentation was about. The school coordinated with administration and district representatives to use the Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE), a free research-based screener with 10 questions on a Likert scale that teachers completed for every student on campus. The school incorporated, from the data analysis and looking at the child as a whole, where the child fit into the Multi-Tiered System of Support (MTSS) triangle shown on today's presentation slides and if they needed support. Students that showed low risk were utilized as peer support and mentors. The program helped not only the campus but the community.

Steve McNally asked what is worse – not having a system that can handle it if it is needed or a person not knowing that they need help. The speaker noted that there are many interventions from zero to 60 years of age. One could be teaching families how to be safe adults who can listen without judgment or solution and empower everyone to become better communicators so that people feel listened to. The speaker suggested establishing a framework for all the tools currently available, and putting together a tool to help individuals engage at different levels and leverage on each other's skillsets.

Wendy Ward (attended remotely via Zoom) stated they founded a gamified platform for behavioral health screening, specifically for younger children. Screening earlier and younger is ideal before addictive behavior and risky choices set in. Early intervention screenings can be much smaller in scale.

Laurel Benhamida asked if the 43 percent of the California School Survey was broken down by number of students represented or attending the schools and included a demographic analysis.

Vice Chair Rowlett asked staff to send an email response to Dr. Benhamida's question.

Ms. Martinez asked members of the public who were unable to get into the queue to submit their public comment to staff.

Action: Commissioner Bunch made a motion, seconded by Commissioner Madrigal-Weiss, that:

- *The Commission approves the School-Based Universal Behavioral Health Screening Legislative Report.*

Motion passed 17 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Baer, Bontrager, Brown, Bunch, Callan, Carnevale, Chambers, Contreras, Cross, Gordon, Larsen, Madrigal-Weiss, Mitchell, Robinson, Southard, and Tsai, and Vice Chair Rowlett.

The following Commissioners abstained: Commissioner Cortese by designee Swartz and Commissioner Harabedian by designee Pulmano.

10: Behavioral Health Student Services Act Legislative Report

Chair Alvarez tabled this agenda item to the next Commission meeting.

11: Break

The Commission took a short break and returned for a working lunch.

12: Commission Budget Update

Chair Alvarez tabled this agenda item to the next Commission meeting.

13: Innovation Partnership Fund

Chair Alvarez stated the Commission will hear a presentation on the mandates of the Innovation Partnership Fund, as outlined in the BHSA, and receive an update on preliminary exploration undertaken. The Commission will review initial recommendations regarding the direction of the grant program and discuss the next steps for developing the program’s operational and strategic plan.

Chair Alvarez stated, under the BHSA, the Commission will begin administering the Innovation Partnership Fund on July 1, 2026, awarding grants to private, public, and nonprofit partners. With $20 million per year over five years (totaling $100 million), the fund will support innovative, evidence-based approaches to mental health and substance use disorder services, with a focus on underserved, low-income populations and communities impacted by behavioral health disparities. She asked staff to present this agenda item.

Interim Executive Director Lightbourne stated this agenda item will begin a conversation on the Innovation Partnership Fund. The conversation will continue during the next few Commission meetings, with grants being awarded at the July meeting in 2026. Questions for Commissioners to consider are whether there are one or multiple initiatives, the focus of the strategies, the level of innovation, needs and desires of the communities, who to consult with, the structure of the innovation initiative, and how to ensure transparency and accountability. He stated a brief history of the Commission’s approval of county innovation plans under the Mental Health Services Act (MHSA) is included in the meeting materials.

Interim Executive Director Lightbourne stated Commissioner Carnevale has been working with the University of the Pacific McGeorge School of Law to begin planning for

the Innovation Partnership Fund. The University of the Pacific has been contracted to conduct community outreach on potential uses of the Innovation Partnership Fund and develop a series of white papers to assist in developing a strategic and operational plan for the fund. He stated the first white paper, *A Vision for Innovation in Behavioral and Brain Health*, was included in the meeting materials.

Commissioner Carnevale provided an update on the work done to date and opportunities around innovation. He provided an overview, with a slide presentation, of the background, greatest impacts, Phase 2 of the strategic plan, innovation tools of behavioral health innovation, and other behavioral health innovation possibilities. He stated Proposition 1 created the new BHSA Innovation Partnership Fund to be administered by the Commission to award grants to promote the development of innovation mental health and substance use disorder programs and practices. The focus will be on improving programs for underserved and low-income populations, reducing disparities, meeting statewide goals and objectives, and other opportunities as determined by the Commission. The Commission must consult with relevant state agencies and provide a report to the Legislature every three years on the progress to date.

Commissioner Carnevale stated Phase 2 of the strategic plan is to establish state metrics for behavioral health to measure the Commission's progress against. Staff is working on a proposal to help the Commission monitor progress against the strategic plan.

Commissioner Carnevale stated the need to leverage the private sector for sustainability to scale effective programs and services. He recommended establishing a Behavioral Health Institute for Sustainable Financing to establish a leadership structure workgroup on financing, tapping into expert advisors to inform Commission deliberations, expanding current community engagement to ensure relevance and utility, bringing clarity to the problems and identifying models and potential solutions to bring confidence to the next steps, and developing a proposal for the Commission's consideration.

Commissioner Comments & Questions

Commissioner Chambers stated points to consider are how to uplift workplace mental health in innovations to empower the community to be involved. People do not want this funding funneled to private and technology companies and consulting firms. It is important to ensure that communities are co-leaders, co-partners, and co-implementers and have access to the same work. Financing models and billing are major issues that need to be addressed.

Commissioner Mitchell asked the same question she asked at her first meeting in 2016 when the Commission was discussing Commissioner travel claims. She had asked why the Commission is discussing travel claims and not behavioral health issues. She stated she has a child with a severe mental illness and speaks for all parents with children and loved ones with severe mental illnesses. She stated she applauds and welcomes the additional focus of substance use, but asked what the Commission is doing about the individuals experiencing homelessness who camp outside the Commission's old building.

Commissioner Mitchell stated there are major solutions for these problems but there is still stigma for the poor, the disenfranchised, and those who are locked up because there is no power there. The Commission is the system; it is the power, but for some reason it still cannot seem to fix this and have outcomes. She asked why the Commission does not know how clients are doing, have been doing, and what happened to them once they got into treatment. That is what the Commission is about.

Commissioner Mitchell asked Commissioners to consider some of the things brought up in the presentation because the same things will still be happening into the future without figuring out how to measure the work of the Commission. The Commission awards funding to counties but who does that funding really help? The numbers have grown. It is undeniable that organizations work in silos in every community. She stated Commissioners are walking over people with serious behavioral health issues every day. That is a problem. She asked, if the Commission does not fix this, then who will.

Commissioner Brown stated appreciation to Commissioner Carnevale who has been a champion in doing things innovatively. He stated the hope that the Commission will have a more robust discussion about this at the next meeting. More needs to be done for the behavioral health community. He agreed with Commissioner Mitchell's comments that current programs are inadequate. There will never be enough funding in one location to get any of this done. The strategy in the Commission report *Together We Can: Reducing Criminal Justice Involvement for People with Mental Illness* needs to be adopted. The Commission needs to align with not only the public sector but the private sector that has incredible potential for the Commission to gain more of what is needed to be accomplished. The current system is broken. The Commission needs to look at other ways of doing business.

Commissioner Gordon agreed. He volunteered to serve on the Sustainable Financing Workgroup. He thanked Commissioner Carnevale for his innovative ideas.

Designee Swartz for Commissioner Cortese stated the thrust of the innovation white paper is too much into pure research and neuroscience. Millions of dollars were put into research during the AIDS crisis but academic research does not reach the people who need it. She suggested, when talking about innovation, talking about an innovative way to get people into treatment. Much is known about treatments and there are solutions but there is only a small percentage of the people who are actually utilizing the system. She asked why that is. She suggested setting aside some of the innovation funding to look for innovative ways to get people into existing treatment programs.

Public Comment

Vattana Peong (attended in person) asked the Commission to form a committee to gather input from diverse community organizations and community members and to develop a plan for administering the Innovation Partnership Fund.

Stacie Hiramoto echoed Vattana Peong's comments. The speaker stated Commissioner Carnevale is a visionary, but the community wants it more down to earth where at least the other departments are getting the input of the community and making decisions collaboratively. She noted that the Commission has not yet established the definition of innovation. The information provided in the meeting materials feels like decisions made

about the Innovation Partnership Fund have already been made and a lot of activity has already taken place before the Commission developed the definition.

Stacie Hiramoto stated the meeting materials use the term “brain capital,” but members of the community in the listening session do not mention that term, let alone promote it as something to be funded with the Innovation Partnership Fund. The speaker suggested looking at the UOP/McGeorge Law School contract, which is sole-sourced and not discussed by the Commission.

Carley Koffman (attended in person), Safe Passages and the CRDP, stated concern that the slides indicate that this is an opportunity for Commissioners to elevate, fund, and pursue their own interests. The speaker stated the hope that these interests would be for the community and co-created by community members. It is crucial for this Commission to uphold transparency and collaboration with community with emphasis on those facing the greatest threats with the new Administration, such as the transgender and LGBTQ communities.

Gulshan Yusufzai (attended in person), Executive Director, MAS SSF, part of the CRDP, stated new anti-immigrant and anti-LGBTQ policies at the federal level are impacting communities. This component of Proposition 1 should be used to protect these communities and ensure that they are not neglected and left unserved. Refugees have behavioral health challenges and need support. School districts are also highly impacted.

Eba Laye (attended remotely via Zoom), Executive Director, Whole Systems Learning, part of the CRDP, stated corporate and philanthropic interests will not have solutions for the health of the majority of the population of the state of California, which is people of color. The speaker stated the presentation did not address reducing disparities and underserved and low-income populations. Community-based organizations of the CRDP have the answers: innovation, transformational change, lower cost, customer-centric, outcome-based contracting, and universal approach to trauma which comes in the form of the concepts around complex trauma. These have been encapsulated in community-based solutions of the CRDP.

Eba Laye stated corporations, universities, and research institutes have never been able to create the outcomes, solutions, and innovations for communities because they do not live in the community, know about the community, and are not culturally based in the community. They do not have the information, background, or experience to come up with innovative solutions for underserved, low-income, and other groups experiencing disparities.

Regina Mason (attended remotely via Zoom), Co-founder, The Village Project, a part of the CRDP, stated the need to go back to square one to ensure that the community voice is uplifted and heard.

Josefina Alvarado Mena (attended remotely via Zoom), Chief Executive Officer, Safe Passages, part of the CRDP, stated this Commission is the holder of the public trust in the implementation of the BHSA and the investment of the funds generated by that Act. The events reported last fall created a crisis of that public trust. This trust must be repaired. The innovations exercise is an important part of doing that.

Josefina Alvarado Mena stated the white paper in the meeting materials includes sections about envisioning a community-focused innovation ecosystem, strategically focused on social needs, available and effective for all, and public in every stage; yet these include no consideration of how communities define innovation or have driven innovation in California, cultural practices are not considered or referenced, and there are no examples of community-centered or community-driven public innovation catalysts.

Carolina Reyes (attended remotely via Zoom), Safe Passages, emphasized a section in the white paper that policy makers have the opportunity to fully incorporate community voice into system-level change initiatives from design. Human-centered design principles fortified by experience in community empowerment have the potential to alloy the analysis traditionally used to determine where to pursue innovation and how this determines effectiveness. Community voice will be essential in deploying innovations to reduce disparities and improve social outcomes.

Danny Thirakul (attended remotely via Zoom), Public Policy Coordinator, Mental Health America of California, stated concern about the previous work done on the Innovation Partnership Fund in that the previous Commission demonstrated a lack of transparency and meaningful community engagement.

Danny Thirakul stated concern that this problem may potentially be continuing with this opportunity. The background document in the meeting materials references a work that was conducted in London and work that was done prior to the passage of Proposition 1, including the Commission's sponsorship and attendance to 2023 and 2024 brain health events in New York. These raise questions about how these past efforts are informing current decisions.

Danny Thirakul highlighted language concerns in the white paper, which was included in the meeting materials. The speaker noted that the term "brain health" does not align with recovery values in peer-run organizations. The speaker asked how peers were involved in this prior work.

Danny Thirakul stated the documents included in the meeting materials indicate that Mental Health America California participated in a framing focus group on September 17, 2024. The speaker asked staff for the agenda and minutes of the focus group meeting.

Chair Alvarez asked staff to follow up with Danny Thirakul with the requested documentation.

Sonya Aadam (attended remotely via Zoom), Chief Executive Officer, California Black Women's Health Project, part of the CRDP, shared the experience of seeking school-based services for their teen and there being no Black providers and only one male provider available. The speaker stated the CRDP was a successful innovation with CDEPs that is an example of where the state could continue to invest resources, if it studies that project to determine if there have been effective outcomes for marginalized communities.

Joel Baum (attended remotely via Zoom), Director of Learning Design, Safe Passages, spoke to the issue of transparency. One of the earlier speakers mentioned the

difficulties the Commission faced last fall. The loss of public trust should be taken seriously. It requires the Commission to not only establish a workgroup but a full Innovation Partnership Committee. This Committee must be responsive and report publicly at Commission meetings about where and how decisions are being made.

Joel Baum elevated the importance of emphasizing CDEPs alongside evidence-based practices. CDEPs are part of the CRDP as are many other community-based efforts that have demonstrated culturally competent and appropriate approaches to solving behavioral health challenges in communities that have often been left behind in previous efforts. This cannot be ignored. CDEP language was added to legislation that ultimately was part of Proposition 1 passing. The speaker encouraged the Commission as it looks at the Innovation Partnership Fund to elevate CDEP language as well.

Lueni Masina (attended remotely via Zoom), Project Coordinator, Essence of MANA Program, part of the CRDP, stated immigrants, Black, Indigenous, and People of Color (BIPOC), LGBTQ, and the work of diversity, equity, and inclusion are being targeted. This is not about politics or policies but is about real families and real lives. Since the new Administration took over, fear and uncertainty have been growing. These policies do not protect – they harm. Now is the time to ensure that the most vulnerable in communities are not only protected but included. The speaker asked the Commission to ensure that Proposition 1 is used to defend and uplift the individuals who need it most.

Lynn Rivas, Ph.D., (attended remotely via Zoom), Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), applauded the Commission's passion and focus on outcomes. The speaker spoke against reinventing the wheel. Community-based organizations collect data on outcomes. There is a pressing need to address the significant harm caused by Proposition 1, particularly regarding the defunding in peer support organizations. Peer run and/or community-based organizations can help individuals begin their recovery journey. Peer support services is an innovative approach that California has not fully realized. Much needs to be done to ensure that individuals with behavioral health challenges receive the best possible support. Investing in peer support is a step in the right direction.

Falefiesili Afoa (attended remotely via Zoom), Asian American Recovery Services, a part of the CRDP, stated new policies at the federal level are impacting the Pacific Islander communities. This component of Proposition 1 should be used to protect communities and ensure that they are not neglected and left unserved.

Aaliyah Aumavae (attended remotely via Zoom), Asian American Recovery Services, a part of the CRDP, stated they are a transition-age youth (TAY) enrolled in programming that supports their behavioral health, cultural connection, and financial struggles. The speaker stated they are facing the reality that the work that has uplifted individuals can be taken away. The thought of losing something so essential to the community is not only disappointing, it is heartbreaking. The new policies at the federal level are impacting Pacific Islander communities. This component of Proposition 1 should be used to further fund programs that have been doing the work that continues to serve and protect the community, ensuring that they are not neglected or left unserved.

Donnavyn Tuitele (attended remotely via Zoom), Asian American Recovery Services, a part of the CRDP, stated, as someone who directly benefited from these programs, they

see how vital they are, not only for a community college student but also for a young Pacific Islander. Individuals from underserved communities often do not have access to the same resources and opportunities. Many of these communities continue to be overlooked and, without intentional efforts to equitably distribute these funds, they will remain under-resourced. That is why this part of Proposition 1 is so critical. It is not just about maintaining funding, but is about ensuring that these resources actually reach the communities that need them most. The speaker stated the need to prioritize those who have historically been underserved so that no one is left behind simply because of their background or where they come from. The speaker asked the Commission to consider how these funds can be more effectively directed to those who need them most.

Noemi Tungui (attended remotely via Zoom), Program Manager, Living with Love, part of the CRDP, stated the need to reach out to Spanish-speaking communities and other underserved communities to hear about their needs. The speaker's organization has been shifting its work to support rapid response around the targeting of their communities who have been labeled as criminals for the color of their skin.

Nani Wilson (attended remotely via Zoom), Asian American Recovery Services, a part of the CRDP, requested that the Committee to develop plans for administering the Innovation Partnership Fund include community members of the BIPOC community to ensure that their voices are included in the language and that low-income communities are served by the awardees.

Ms. Martinez asked members of the public who were unable to get into the queue to submit their public comment to staff.

14: Behavioral Health Student Services Act Evaluation

Chair Alvarez tabled this agenda item to the next Commission meeting.

15: Full-Service Partnership Legislative Report

Chair Alvarez tabled this agenda item to the next Commission meeting.

16: Adjournment

Chair Alvarez stated the next Commission meeting will take place on March 26th and 27th. The first day of the two-day meeting will be an opportunity for new and existing Commissioners to learn more about the work of the Commission; the second day will focus on regular Commission business There being no further business, the meeting was adjourned at 3:23 p.m.

Commission for Behavioral Health

Motions Summary
Commission Meeting
February 27, 2025

Motion #: 1 (Agenda Item 5 – November 21, 2024 Meeting Minutes)
Proposed Motion:
That the Commission approve the November 21, 2024 meeting minutes.
Commissioner making motion: Robinson
Commissioner seconding motion: Bunch

Motion carried _X_ yes, __ no, and __ abstain, per roll call vote as follows:

	Name	Yes	No	Abstain	Absent	On Leave		Name	Yes	No	Abstain	Absent	On Leave
1.	Commissioner Baer	☐	☐	☒	☐	☐	15.	Commissioner Larsen	☐	☐	☒	☐	☐
2.	Commissioner Bernick	☐	☐	☒	☐	☐	16.	Commissioner Madrigal-Weiss	☐	☐	☒	☐	☐
3.	Commissioner Bontrager	☒	☐	☐	☐	☐	17.	Commissioner Mitchell	☒	☐	☐	☐	☐
4.	Commissioner Brown	☒	☐	☐	☐	☐	18.	Commissioner Robinson	☒	☐	☐	☐	☐
5.	Commissioner Bunch	☒	☐	☐	☐	☐	19.	Commissioner Southard	☐	☐	☒	☐	☐
6.	Commissioner Callan	☐	☐	☒	☐	☐	20.	Commissioner Tsai	☒	☐	☐	☐	☐
7.	Commissioner Carnevale	☒	☐	☐	☐	☐	21.	Vacant	☐	☐	☐	☐	☐
8.	Commissioner Chambers	☒	☐	☐	☐	☐	22.	Vacant	☐	☐	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☐	☒	23.	Vacant	☐	☐	☐	☐	☐
10.	Commissioner Contreras	☐	☐	☒	☐	☐	24.	Vacant	☐	☐	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☐	☐	☐	☒	☐	25.	Vacant	☐	☐	☐	☐	☐
12.	Commissioner Cross	☐	☐	☒	☐	☐	26.	Vice-Chair Rowlett	☒	☐	☐	☐	☐
13.	Commissioner Gordon	☒	☐	☐	☐	☐	27.	Chair Alvarez	☐	☐	☐	☒	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☐	☐	☐	☒	☐		TOTALS	10	0	8	3	1

Commission for Behavioral Health

Motions Summary
Commission Meeting
February 27, 2025

Motion #: 2 (Agenda Item 7 – Executive Director Screening Committee)
Proposed Motion:

That the Commission form an Executive Director Screening Committee to identify potential candidates for the role of Executive Director of the Commission.

Commissioner making motion: Mitchell
Commissioner seconding motion: Robinson

Motion carried _X_ yes, __ no, and __ abstain, per roll call vote as follows:

	Name	Yes	No	Abstain	Absent	On Leave		Name	Yes	No	Abstain	Absent	On Leave
1.	Commissioner Baer	☒	☐	☐	☐	☐	15.	Commissioner Larsen	☒	☐	☐	☐	☐
2.	Commissioner Bernick	☒	☐	☐	☐	☐	16.	Commissioner Madrigal-Weiss	☒	☐	☐	☐	☐
3.	Commissioner Bontrager	☒	☐	☐	☐	☐	17.	Commissioner Mitchell	☐	☐	☒	☐	☐
4.	Commissioner Brown	☒	☐	☐	☐	☐	18.	Commissioner Robinson	☒	☐	☐	☐	☐
5.	Commissioner Bunch	☐	☒	☐	☐	☐	19.	Commissioner Southard	☒	☐	☐	☐	☐
6.	Commissioner Callan	☒	☐	☐	☐	☐	20.	Commissioner Tsai	☒	☐	☐	☐	☐
7.	Commissioner Carnevale	☒	☐	☐	☐	☐	21.	Vacant	☐	☐	☐	☐	☐
8.	Commissioner Chambers	☐	☒	☐	☐	☐	22.	Vacant	☐	☐	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☐	☒	23.	Vacant	☐	☐	☐	☐	☐
10.	Commissioner Contreras	☒	☐	☐	☐	☐	24.	Vacant	☐	☐	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☐	☐	☐	☒	☐	25.	Vacant	☐	☐	☐	☐	☐
12.	Commissioner Cross	☒	☐	☐	☐	☐	26.	Vice-Chair Rowlett	☒	☐	☐	☐	☐
13.	Commissioner Gordon	☒	☐	☐	☐	☐	27.	Chair Alvarez	☐	☐	☐	☒	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☐	☐	☐	☒	☐		TOTALS	**15**	**2**	**1**	**3**	**1**

Commission for Behavioral Health

Motions Summary
Commission Meeting
February 27, 2025

Motion #: 4 (Agenda Item 9 – School-Based Universal Mental Health Screening Leg Report)
Proposed Motion:

That the Commission approve the School-Based Universal Mental Health Screening Legislative Report.

Commissioner making motion: Bunch
Commissioner seconding motion: Madrigal-Weiss

Motion carried _X_ yes, __ no, and __ abstain, per roll call vote as follows:

	Name	Yes	No	Abstain	Absent	On Leave		Name	Yes	No	Abstain	Absent	On Leave
1.	Commissioner Baer	☒	☐	☐	☐	☐	15.	Commissioner Larsen	☒	☐	☐	☐	☐
2.	Commissioner Bernick	☐	☐	☐	☒	☐	16.	Commissioner Madrigal-Weiss	☒	☐	☐	☐	☐
3.	Commissioner Bontrager	☒	☐	☐	☐	☐	17.	Commissioner Mitchell	☒	☐	☐	☐	☐
4.	Commissioner Brown	☒	☐	☐	☐	☐	18.	Commissioner Robinson	☒	☐	☐	☐	☐
5.	Commissioner Bunch	☒	☐	☐	☐	☐	19.	Commissioner Southard	☒	☐	☐	☐	☐
6.	Commissioner Callan	☒	☐	☐	☐	☐	20.	Commissioner Tsai	☒	☐	☐	☐	☐
7.	Commissioner Carnevale	☒	☐	☐	☐	☐	21.	Vacant	☐	☐	☐	☐	☐
8.	Commissioner Chambers	☒	☐	☐	☐	☐	22.	Vacant	☐	☐	☐	☐	☐
9.	~~Commissioner Chen~~	☐	☐	☐	☐	☒	23.	Vacant	☐	☐	☐	☐	☐
10.	Commissioner Contreras	☒	☐	☐	☐	☐	24.	Vacant	☐	☐	☐	☐	☐
11.	Commissioner Cortese (or Designee Swartz)	☐	☐	☒	☐	☐	25.	Vacant	☐	☐	☐	☐	☐
12.	Commissioner Cross	☒	☐	☐	☐	☐	26.	Vice-Chair Rowlett	☒	☐	☐	☐	☐
13.	Commissioner Gordon	☒	☐	☐	☐	☐	27.	Chair Alvarez	☐	☐	☐	☒	☐
14.	Commissioner Harabedian (or Designee Pulmano)	☐	☐	☒	☐	☐		TOTALS	17	0	2	2	1

Commission Process for Community Engagement on Innovation Plans

To ensure transparency and that every community member both locally and statewide has an opportunity to review and comment on County submitted innovation projects, Commission staff follow the process below:

Sharing of Innovation Projects with Community Partners

- **Procedure – Initial Sharing of INN Projects**
  i. Innovation project is initially shared while County is in their public comment period
  ii. County will submit a link to their plan to Commission staff
  iii. Commission staff will then share the link for innovation projects with the following recipients:
    - **Listserv recipients**
    - **Commission contracted community partners**
    - **The Client and Family Leadership Committee (CFLC)**
    - **The Cultural and Linguistic Competency Committee (CLCC)**
  iv. Comments received while County is in public comment period will go directly to the County
  v. Any substantive comments must be addressed by the County during public comment period
- **Procedure – Final Sharing of INN Projects**
  i. When a final project has been received and County has met all regulatory requirements and is ready to present finalized project (via either Delegated Authority or Full Commission Presentation), this final project will be shared again with community partners:
    - **Listserv recipients**
    - **Commission contracted community partners**
    - **The Client and Family Leadership Committee (CFLC)**
    - **The Cultural and Linguistic Competency Committee (CLCC)**
  ii. The length of time the final sharing of the plan can vary; however, Commission tries to allow community partner feedback for a minimum of two weeks
- **Incorporating Received Comments**
  i. Comments received during the final sharing of the INN project will be incorporated into the Community Planning Process section of the Staff Analysis.
  ii. Staff will contact community partners to determine if comments received wish to remain anonymous
  iii. Received comments during the final sharing of INN project will be included in Commissioner packets
  iv. Any comments received after final sharing cut-off date will be included as handouts

STAFF ANALYSIS—San Mateo County

Innovation (INN) Project Name:	**Workforce Retention: Peer Support for Peer Workers**
Total INN Funding Requested:	**$580,000**
Duration of INN Project:	**48 months (4 years)**
BHSOAC consideration of INN Project:	**March 27, 2025**

Review History:

Public Comment Period:	October 2, 2024 – November 6, 2024
Mental Health Board Hearing:	November 6, 2024
Approved by the County Board of Supervisors:	January 28, 2025
County submitted INN Project:	November 18, 2024
Dates Project Shared with Commission Community Partners:	October 14, 2024 and December 3, 2024

Project Introduction

San Mateo County Behavioral Health and Recovery Services ("County" or "BHRS") is requesting up to $580,000 of Innovation spending authority to implement a program that provides peer support to peer workers. Peer support is an evidence-based practice (EBP) that utilizes peers to improve outcomes and quality of life of community members experiencing mental health and/or substance use challenges. This project follows the peer support approach to meet the mental health and recovery needs of individuals with lived experience who also serve as part of the behavioral health workforce.

Behavioral Health Services Act Alignment and Sustainability (pages 16-18)
The Peer Support for Peer Workers Innovation project aligns with the BHSA's priority of investing in a culturally-competent and well-trained behavioral health workforce that provides services to a critical demographic of individuals with lived experience and their families while also increasing the quality of mental health services.

Implementing a strong workforce of peer workers also addresses additional BHSA priorities, including housing interventions and FSP programs, as peers who share similar experiences in these areas can offer a specialized approach to providing high-quality services for the most vulnerable and at-risk individuals.

What is the Problem? (pages 3-5)

Peer workers play a vital role in the delivery of mental health and substance use disorder (SUD) programs, as they are able to connect with difficult-to-reach communities due to shared life experiences; however, peer workers may also require supports to effectively manage their own mental health challenges and/or recovery needs. Integrating their wellness with an often times mentally and emotionally taxing role highlights the importance of services and supports for these individuals in order for them to effectively and safely perform their duties.

Although there are some resources available for training and support for peer workers, these opportunities usually emphasize career development and peer certification. There is a lack of resources focusing on the mental wellness of peer workers as they navigate the complexities of serving in the behavioral health workforce. Peer supervision and self-care trainings do not adequately address the unique needs that may arise, such as stressful and triggering situations and stigma/discrimination in the workplace, which can destabilize the individual's own wellness. There is also the fear of appearing incompetent in their role if they disclose challenges with their own mental or emotional health.

San Mateo County does not have any centralized system or employer-provided pathway that peer workers can access to obtain non-clinical, recovery-oriented support in which they can discuss workplace challenges confidentially with people who can also relate to their experiences. Meeting these needs is essential to the mental wellbeing of peer workers and directly impacts the quality of services of the community members they serve.

How this Innovation project addresses this problem (pages 5-8)

This project increases the quality of mental health services, including measured outcomes, by making a change to an existing practice in the field of mental health and applying it to a new population of peer workers.

The Peer Support for Peer Workers Innovation project seeks to meet the unique needs of individuals with lived experience and their family members who serve as part of the behavioral health workforce. This proposed project aims to prevent burnout, increase workforce retention and job satisfaction, and meet the mental and recovery needs of peer workers by creating a team of peers who can provide on-demand, one-on-one support and referrals, when needed, that assists peer workers in navigating the challenges they may face in their jobs.

Services will be available virtually and by phone; in English and Spanish; and during and after hours. Peer certification is not a requirement to receiving services, and there is no limit imposed on the number of sessions a peer worker can participate in; however, although counselors will be trained in Mental Health First Aid and crisis intervention, this program will not replace crisis care or clinical counseling, and referrals to other BHRS programs, external resources, and/or higher levels of care can be offered.

The BHRS Office of Consumer and Family Affairs will monitor the program and outreach to peer workers within BHRS services as well as to local nonprofits that employ peer and family support workers. This project will also create an advisory group of peers, clients, family members, and community-based organizations (CBOs) who will provide direction and feedback on all aspects of the program, including assistance with disseminating findings of the project.

Community Planning Process (pages 13-14; appendix 2)

Local Level

In November 2022, San Mateo BHRS staff began working with their community to develop their MHSA Three-Year Plan, engaging more than 400 clients, family members, community agencies and leaders by means of surveys, input sessions, and public comments. A robust community planning process engaged 14 existing local collaboratives, 11 workgroups, 3 geographically-based collaboratives, and 3 key stakeholder groups representing individuals across the county.

During the community planning process, a needs assessment was completed to help identify community needs and priorities, resulting in a total of 8 identified priorities: Access to Services, Behavioral Health Workforce, Crisis Continuum, Housing Continuum, Substance Use Challenges, Quality of Client Care, Youth Needs, and Adult/Older Adult Needs. Additionally, the community highlighted three (3) key themes: Increasing community awareness and education about behavioral health topics, resources, and services; embedding peer and family supports into all behavioral health services; and implementing culturally responsive approaches that are data-driven to address existing inequities.

The Peer Support for Peer Workers Innovation project was originally proposed by a peer-run organization and addressed all three (3) key themes. After screening for Innovation regulatory requirements, BHRS staff reviewed 14 ideas and brought those to a selection workgroup of BHRS staff, nonprofit providers, and people with lived experience to review and score the proposals. This community-derived proposal was then formally brought forward to the Commission in 2024.

The 30-day public comment period occurred between October 2, 2024 and November 6, 2024, and the plan received Local Mental Health Board approval on November 6, 2024. It is scheduled for Board of Supervisor review on January 14, 2025.

Commission Level

Commission staff shared this project's initial plan with its community partners and the Commission's listserv on October 14, 2024, and comments were directed to County staff. A final project plan was shared with the Commission's community partners and listserv on December 3, 2024. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees as part of the email distribution list.

One comment was received in response to the Commission's final request for feedback. The comment was regarding the county's overall Request for Proposals (RFP) process, where the commenter indicated that preference or incentives should be given to applicants from the Disabled Veteran Business Enterprise and/or small businesses. The comment did not appear to speak specifically on programmatic details of this proposed innovation plan. Commission staff forwarded the comment directly to San Mateo County for consideration.

Learning Objectives and Evaluation (pages 10-13)

This project will use an independent evaluator, monitored by BHRS, to explore the below learning goals. All contracts, service agreements, and MOUs will be monitored by a BHRS Manager with subject matter expertise.

1. Does providing non-clinical peer support for peer/family support workers help to sustain the peer workforce?
    - This learning goal looks at peer worker outcomes and experiences.
    - Potential measures: Numbers served, number of referrals, self-reported outcomes, and pre/post program staff retention rates
    - Potential data sources: Program data and surveys/interviews of participants, peer providers, supervisors, and organizations
2. Does providing non-clinical peer support for peer/family support workers strengthen the quality of services provided by peers?
    - This learning goal will gauge any downstream effect on client services.
    - Potential measure: Self-reported questionnaire
    - Potential data sources: Surveys/interviews of participants, peer providers, manager, and organizations
3. What are the components of peer support for peer/family support workers that are effective and could be scaled and replicated, including possible billable services?
    - This learning goal will determine whether this project can provide a scalable approach to peer workforce sustainability and potential Medi-Cal billing.
    - Potential measure: Self-reported questionnaire
    - Potential data sources: Surveys/interviews of participants, peer providers, and manager.

The advisory group of peers, clients, and family members will provide input on any sustainability planning throughout the project. Project success will result in a toolkit for others who wish to implement this model, as well as a proposal for project continuation through the BHRS community program planning process.

The Budget and Budget Narrative (pages 20-23)

BUDGET CATEGORY	FY 24-25	FY 25-26	FY 26-27	FY 27-28	FY 28-29	TOTAL
Personnel Costs	$10,000	$15,000	$12,000	$12,000	$6,000	**$55,000**
Operating Costs	$ -	$ -	$ -	$ -	$ -	**$ -**
Non-Recurring Costs	$ -	$ -	$ -	$ -	$ -	**$ -**
Consulting/ Contracts Costs	$ -	$175,000	$170,000	$170,000	$10,000	**$525,000**
Other Expenditures	$ -	$ -	$ -	$ -	$ -	**$ -**
TOTAL	**$10,000**	**$190,000**	**$182,000**	**$182,000**	**$16,000**	**$580,000**

BUDGET CONTEXT	FY 24-25	FY 25-26	FY 26-27	FY 27-28	FY 28-29	TOTAL
Administration	$10,000	$165,000	$162,000	$162,000	$6,000	**$505,000**
Evaluation	$ -	$25,000	$20,000	$20,000	$10,000	**$75,000**
TOTAL	**$10,000**	**$190,000**	**$182,000**	**$182,000**	**$16,000**	**$580,000**

FUNDING SOURCE	FY 24-25	FY 25-26	FY 26-27	FY 27-28	FY 28-29	TOTAL
Innovation Funds	$10,000	$190,000	$182,000	$182,000	$16,000	$580,000
TOTAL	**$10,000**	**$190,000**	**$182,000**	**$182,000**	**$16,000**	**$580,000**

The County is requesting authorization to spend up to $580,000 in MHSA Innovation funding for this project over a period of 48 months (4 years). One-hundred percent (100%) of the project will be supported by Innovation funding.

BHRS currently employs about 20 peer/family support workers. This project aims to serve approximately 25-50 peer workers annually. The proposed personnel budget includes a Program Manager who will perform program outreach, track referrals and sessions, and train and supervise three (3) part-time peer support providers, with each provider holding 1-3 support sessions per week. Peer Support Providers will be paid staff or contractors from diverse backgrounds. At least one provider will be bilingual in Spanish and English. These individuals will assist the Program Manager with outreach, monitor referral requests, conduct intake assessments, provide support sessions, and refer participants to additional behavioral health services, as needed. Personnel costs ($55,000) make up about 9.5% of the total budget.

The County will go through a local bidding process to identify contractors. About 90.5% ($525,000) of the total budget is allocated for contractor expenses related to delivery of services, evaluation of the project, data collection and analyses, and reporting requirements. Approximately 13% ($75,000) of Contract costs are reserved for independent evaluation of

the project. The projected budget does not indicate any costs associated with operations, nor does it contain any non-recurring costs. The County provides additional budget details on page 19-22 of their plan.

It is expected that sustainability of this project will be funded through diversified funding that may include behavioral health workforce initiatives, Medi-Call billing, the Behavioral Health Services and Supports (BHSS) component of the BHSA, and/or FSP funds.

Conclusion

The proposed project, “Peer Support for Peer Workers,” appears to meet the minimum requirements listed under MHSA Innovation regulations.

STAFF ANALYSIS—San Mateo County

Innovation (INN) Project Name:	**Animal Fostering and Care for Client Housing Stability and Wellness**
Total INN Funding Requested:	**Up to $990,000**
Duration of INN Project:	**Four (4) years**
BHSOAC consideration of INN Project:	**March 27, 2025**

Review History:

Public Comment Period:	October 2, 2024 – November 6, 2024
Mental Health Board Hearing:	November 6, 2024
Approved by the County Board of Supervisors:	January 28, 2025
County submitted INN Project:	November 18, 2024
Project Shared with Community Partners:	October 14, 2024 and December 3, 2024

Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):

The primary purpose of this project is to *increase access to mental health services, including but not limited to, services provided through permanent supportive housing.*

This proposed project meets Innovation criteria by *making a change to an existing practice in the field of mental health, including but not limited to, application to a different population.*

Project Introduction

San Mateo County Behavioral Health and Recovery Services (County or BHRS) is requesting up to $990,000 of Innovation spending authority to test a solution to a known barrier that affects the wellness and housing stability of BHRS clients: a lack of temporary animal care during times of functional decline. The County reports that a significant number of BHRS clients, who are living with mental health and/or substance use challenges, rely on the comfort and support of their companion animals and hypothesize that temporary animal care would support wellness and increase housing stability. In this way, the pilot project will 1) facilitate entry into higher levels of care (e.g., crisis or treatment residentials, hospitalization), and 2) help housed clients maintain housing.

Behavioral Health Services Act Alignment and Sustainability (pages 19-20)
The Animal Fostering and Care for Client Housing Stability and Wellness project aligns with BHSA priorities as it directly removes a known barrier to care that will enable the most vulnerable clients to engage in higher levels of care, or to maintain their housing. Specifically, this project aligns with the BHSA priority of providing housing interventions for persons at risk of homelessness by providing temporary animal foster care and other animal supports to prevent eviction and remove the dilemma of choosing a pet over maintaining a place to live. The project also aligns with the BHSA priority of supporting Full-Service Partnership (FSP) efforts since the pilot's target population are individuals who are enrolled in FSPs who need added supports during a period of functional decline.

What is the Problem? (pages 3-7)
San Mateo County reports that a lack of animal care can be a barrier to BHRS clients' recovery by impacting decisions on when, and how, to seek additional treatment during a period of functional decline. This results in decreased housing stability. Specifically, service providers report that some clients refuse higher levels of care during times of need due to uncertainty around care for their animal while they would be away.

Anecdotal evidence from San Mateo County indicates that many BHRS clients, who currently live in supportive housing and shelters, have support animals. The County provides client case studies to highlight examples of clients who were unable to access needed care due to lack of support of their companion animals. The County also cites a survey conducted by the Johnson County, Kansas Mental Health Center who found that more than 70% of county mental health staff members had at least one client decline treatment in the previous six months because they did not have temporary care for their pet.

In addition to refusing treatment due to concerns about their pets, the County reports that pet owners who live in supportive housing are at risk of eviction during times of crisis or functional decline during which they may not be able to maintain care for their animals. The County hypothesizes that some clients will choose pet over place if their housing situation becomes unsustainable.

How this Innovation project addresses this problem (pages 7-9)
The project will provide temporary animal foster care by appropriately trained volunteers during times that a client needs care outside of the home. Another aspect of the project is to provide short-term, in-home animal care support like grooming and dog walking in cases where this temporary support would help clients maintain their housing.

The project will be piloted with a small set of clients who are enrolled in FSP services or who are living in permanent supportive housing settings and who have an urgent and temporary barrier to accessing a higher level of care or to maintain their housing stability. The pilot approach will enable the program to oversee a small number of clients, provide close oversight of animal fosterers/caregivers (AFCs), and study implementation and effectiveness

before scaling to a larger number of clients. If successful, the next phase of the project will open the program to referrals from mental health and substance use residential settings and behavioral health crisis and emergency settings.

The project will provide the following services:

- Recruitment, training, and support of AFCs. Training will follow established procedures for animal fostering, including the foster home environment and health status of other animals in the home. AFCs who are renters will be educated about California tenant law as it relates to animals in the home and be provided with support if they face challenges from landlords about fostering an animal.
- Free, temporary and emergency foster care placement for animals. AFCs will provide care and attention for the animal, keep the animal safe and healthy, and ensure the animals receive necessary veterinary care during the fostering period. AFCs will share video and photo updates with the program, who will pass those updates to the client.
    - Length of care: Temporary foster care will typically be for a minimum of 30 days and a maximum of 90 days to account for time in residential treatment. If more time is needed to support a client's long-term recovery, the program will have a process in place to extend foster care for up to six months.
    - Rehoming: In the rare case that a pet owner makes the challenging decision to rehome their pet or ESA during the program, the program will support them in finding a new home for their animal.
- In-home animal care support. For individuals in supportive housing settings who do not need full foster care for their animal, but need temporary support caring for their animal, AFCs will visit clients in their homes to support dog-walking, grooming, and routine veterinary care. These visits may also include teaching and coaching for clients on housing retention and animal care.
- Policy development. Program staff will outreach to and assist supportive housing and treatment facilities that do not currently have policies around accepting animals to establish to support them in developing policies around when and how they will accept animals.

Community Planning Process (Pages 16-18; 30-38)

Local Level

In November 2022, San Mateo began working with their community to develop their MHSA Three-Year Plan, engaging more than 400 clients, family members, community agencies and leaders using surveys, input sessions, and public comments. The community planning process included 14 existing collaboratives, 11 workgroups, 3 geographically based collaboratives, and 3 key stakeholder groups representing individuals across the county.

During the community planning process, a needs assessment was completed to help identify community needs and priorities, resulting in a total of 8 identified priorities: Access to Services, Behavioral Health Workforce, Crisis Continuum, Housing Continuum, Substance Use Challenges, Quality of Client Care, Youth Needs, and Adult/Older Adult Needs. Additionally, BHRS conducted a participatory process to gather ideas for innovation. After screening for Innovation regulatory requirements, BHRS staff reviewed 14 ideas, and ultimately brought 4 full project proposals to the Commission for approval in February 2023.

Following the passage of the BHSA, BHRS further evaluated the ideas from the 2022 participatory process through a feasibility study and determined that this proposed project, and three others, address current needs and align with the BHSA. The projects were then posted for 30-day public comment period between October 2, 2024 and November 6, 2024, receiving Local Mental Health Board approval on November 6, 2024. It is scheduled for Board of Supervisor review on January 14, 2025.

A final plan, incorporating community partner and stakeholder input as well as technical assistance provided by Commission staff, was submitted on November 18, 2024.

Commission Level
Commission staff shared this project's initial plan with its community partners and the Commission's listserv on October 14, 2024, and comments were directed to County staff. A final project plan was shared with the Commission's community partners and listserv on December 3, 2024. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees as part of the email distribution list.

One comment was received in response to the Commission's final request for feedback. The comment was regarding the county's overall Request for Proposals (RFP) process, where the commenter indicated that preference or incentives should be given to applicants from the Disabled Veteran Business Enterprise and/or small businesses. The comment did not appear to speak specifically on programmatic details of this proposed innovation plan. Commission staff forwarded the comment directly to San Mateo County for consideration.

Learning Objectives and Evaluation (Pages 13-16)
San Mateo County will hire an independent evaluation consultant to work in collaboration with BHRS staff to evaluate the project. The evaluation consultant will build upon the following learning goals to fully develop an evaluation plan after the project is approved:

1. Does offering temporary animal care for individuals with mental health and/or substance use challenges who have assistance animals or companion animals: a) increase engagement in higher levels of care for individuals who otherwise would not have engaged? b) improve housing retention for individuals who are at risk of losing housing? c) improve indicators of recovery, including recovery time, mental wellness indicators, and substance use indicators?

2. Does providing peer-to-peer services impact client engagement in the program?
3. What are the essential elements of the project that could be scaled or replicated?

The Budget (pages 23-24)

4 Year Budget	FY 25/26	FY 26/27	FY 27/28	FY 28/29	**TOTAL**
Services	$ 290,000	$ 290,000	$ 290,000		$ 870,000
Evaluation	$ 40,000	$ 30,000	$ 30,000	$ 20,000	$ 120,000
Total	$ 330,000	$ 320,000	$ 320,000	$ 20,000	$ 990,000
Funding Source	FY 23/24	FY 24/25	FY 25/26	FY 26/27	**TOTAL**
Innovation Funds	$ 330,000	$ 320,000	$ 320,000	$ 20,000	$ 990,000
Medi-Cal/FFP*	$ -	$ -	$ -	$ -	$ -
Total	$ 330,000	$ 320,000	$ 320,000	$ 20,000	$ 990,000

*Opportunities for Medi-Cal billing (CalAIM Community Support or through Housing Interventions) will be pursued

San Mateo County is requesting authorization to spend up to $990,000 in MHSA Innovation funding, over a period of four (4) years, to launch and test the Animal Care for Client Housing Stability and Wellness program. The total funding amount will be allocated through contracts with County oversight funded through existing funds.

Direct costs total $870,000 (88% of total budget) and will be awarded through a local bidding process to a contractor who will deliver program services including: salaries and benefits; rent and utilities; program supplies; transportation of clients; and subcontracts for outreach.

Indirect costs will total $120,000 (12% of total budget) for an independent evaluation contract.

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

STAFF ANALYSIS – SAN MATEO COUNTY

Innovation (INN) Project Name:	**allcove® Half Moon Bay (San Mateo) Multi-County Innovation Project**
Total INN Funding Requested:	**$1,600,000**
Duration of INN Project:	**3.5 Years**
BHSOAC consideration of INN Project:	**March 27, 2025**

Review History:

Approved by the County Board of Supervisors:	January 28, 2025
Public Comment Period:	October 2, 2024-November 6, 2024
Mental Health Board Hearing:	November 6, 2024
County submitted INN Project:	November 27, 2024
Date Project Shared with Community Partners:	October 14, 2024 and November 27, 2024

Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):

The primary purpose of this project is to *increase access to mental health services to underserved groups.*

This Proposed Project meets INN criteria *by introducing a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.*

Project Introduction:

San Mateo County is requesting up to $1,600,000 of innovation spending authority to join Sacramento and Santa Clara Counties in the allcove® Multi-County Collaborative.

San Mateo County proposes work in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing to increase access to services for individuals between the ages of 12-25 years old by implementing the allcove model for treating youth with emerging mental health needs. The allcove model was inspired by other youth driven-models located in Canada and Australia that function as a 'one-stop-shop' for youth to ensure they have the mental health resources and support systems in place to successfully transition into

adulthood. The County states that incorporating the allcove model will lead to better identification of the early warning signs of mental illness, resulting in a positive impact on youth overall mental health and wellbeing.

The allcove Multi-County Innovation Project presents San Mateo County and subsequent participating counties with an innovative opportunity to provide resources and services for youth that is responsive to their needs.

Sacramento was previously approved by the Commission to join the allcove collaborative on November 17, 2023, while the pilot County of this project, Santa Clara, was approved by the Commission on August 23, 2018.

Background:

With funding from the Robert Wood Johnson Foundation, the Stanford Psychiatry Center for Youth Mental Health and Wellbeing released a feasibility study in 2015 on how to replicate the allcove youth model in the United States. The study indicated that developing the model in the United States would be complicated due to the lack of national healthcare in the United States; however, it would be valuable to bring a youth centered model to the United States. The feasibility study also exposed the following essential components:

- The allcove centers should be stand-alone sites so that youth feel this program is their own independent place for health care and mental health care
- Each allcove center should provide integrated care services to treat those with mild to moderate mental health conditions, including but not limited to: substance abuse issues, education and employment support, and access to health care
- Individuals who may need more intensive behavioral health treatment may be referred into the behavioral health system, if needed
- allcove centers should be marketed and advertised in an effort to draw in young people to access mental health supports and reduce the overall stigma associated with mental illness

As a result of the feasibility study and community interest, Santa Clara County came to the Commission in 2018 seeking approval to fund two allcove sites within the County (originally approved as headspace innovation project), utilizing both MHSA innovation funding private funding and working in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing.

Although this project was originally intended as a Multi-County Collaborative, only Santa Clara was ready to proceed as the pilot county when Commission approved in August 2018.

The County faced challenges during the implementation of this project; however, the evaluation of the project reflected overall support for allcove among youth (see pgs 14-15 of

project for discussion, successes, and challenges of the two allcove locations within Santa Clara County).

Stanford Psychiatry Center for Youth Mental Health and Wellbeing and the Central allcove Team has continued to work on this innovation project and is now ready for additional counties to join and participate in this Multi-County Collaborative.

San Mateo is joining Sacramento and Santa Clara; however, there may be other counties who are interested in working with Stanford's Central allcove Team and may join in a future cohort.

What is the Problem (see pgs 5-10 of project):

Young people with emerging mental health issues experience challenges in accessing timely and appropriate services because the current mental health system is unresponsive to their needs. As a result of the lack of access to mental health systems early on, youth do not receive services until their mental health issues are severe.

Research indicates that most mental health challenges appear in individuals before the age of 25 which presents an opportunity to engage youth with early detection and possible treatment, thereby reducing the burden and stigma of symptoms related to mental health.

Statistics provided prior to the pandemic reflect the following:

- Between 2007 and 2017, the rate of suicide among youth increased nearly 60% among individuals between the ages of 10 and 24
    - Suicide rates increased by 3% between 2007 and 2013 for the same age range and increased even further to 7% between 2013 and 2017
    - Suicide rates tripled for youth between the ages of 10 and 14 years of age

Once the COVID-19 pandemic began, emergency room departments experienced a 50% increase in suicide attempts among girls between the ages of 12 to 17 in early 2021, in comparison with the same age group only 2 years prior. Suicide is the second cause of death for youth and young adults between the ages of 10 and 24.

The allcove model allows the integration of youth mental health centers in an effort to serve the needs of youth, inclusive of mental and physical health, substance use services, peer and family supports, as well as supportive education and employment services.

Adding to the challenges that young people face is the reality that the mental health system is fragmented and siloed, leading to frustration and inaccessibility for young people that do not know how to navigate the system. One of the issues that this project hopes to address is the braiding of public and private funding streams that will allow mental health access and services to be the most important focal point as opposed to reimbursement sources and pre-authorization requirements.

How this Innovation project addresses this problem:

Previous efforts to address challenges by youth resulted in another allcove center in the city of San Mateo in the fall of 2023 by Peninsula Health Care District, also by being the recipient of grant funding by The Commission. Although allcove San Mateo has been successful with its approach and services to the youth, the County's coastal region is geographically isolated and lacks equitable access to resources and services, making this already socially and economically area for some even more challenging for youth growing up in this area.

Efforts to address the struggles in this coastal community and because of the community planning process, San Mateo County has come forward to seek approval for an allcove center based in the Half Moon Bay community, with support and technical assistance from Stanford's Center for Youth Mental Health and Wellbeing (Contractor) and the Central allcove Team.

allcove models operate utilizing the following best practices:

- Holistic approach to integrated care for mild to moderate mental health issues
- Connections to community-based partners and referrals to services, as needed
- Youth centered activities and approaches highlighting resilience and wellness-focused
- Development of the Youth Advisory Group and Community Consortium that guides the development of each allcove center

San Mateo intends to create an allcove center in Half Moon Bay to support all youth, regardless of their insurance coverage and will follow a "no wrong door approach" with zero exclusion, providing early detection, services and activities for youth.

The innovative component of the allcove Multi-County Collaborative brings a youth-centered model into the United States, incorporating an early intervention structure for youth regardless of health insurance coverage – meeting youth where they are while adhering to the following model components (see pgs 12-13 for complete list):

- Youth development, participation and engagement
- Clinical services (mental and physical health as well as substance use)
- Peer Support
- Community engagement and partnerships
- Supported education and employment

A survey provided by one of the County's School Districts found one-third students in specific grade levels (7th, 9th, 11th) reported chronic sadness, while 20% of students reported they had considered suicide. Additionally, social and emotional distress were factors that were prevalent.

The County estimates that when the allcove center is fully up and running, approximately 200-800 underserved youth will be served annually, ages 12-25 and will be inclusive of BIPOC

individuals (Black, Indigenous, and People of Color), LGBTQ+, and youth that may be experiencing housing instability.

San Mateo Community Planning Process (see pgs 39-41 of project and Appendix 1, pg 51):

Local Level

In November 2022, San Mateo began working with their community to develop their MHSA Three-Year Plan, engaging more than 400 clients, family members, community agencies and leaders by means of surveys, input sessions, and public comments. A robust community planning process included 14 exiting collaboratives, 11 workgroups, 3 geographically-based collaboratives, and 3 key stakeholder groups with over 400 individuals participating and providing input and comments on the development of the three-year plan.

During the community planning process, a needs assessment was completed to help identify community needs and priorities, resulting in a total of 8 identified priorities: Access to Services, Behavioral Health Workforce, Crisis Continuum, Housing Continuum, Substance Use Challenges, Quality of Client Care, Youth Needs, and Adult/Older Adult Needs.

One of the priorities, Youth Needs, was identified by the community, resulting in the development of this project. *Note: the prioritized needs assessment, stakeholder workgroup events and respective demographic participant information has been included as part of Appendix 1.*

The County reviewed previous innovation projects submitted by the community in 2022 to determine if any of those submissions would align with newly established BHSA priorities. Out of the 14 previous pre-screened innovation ideas, 5 of them were brought forward and additionally screened.

The County MHSA Steering Committee met in September 2024 to discuss the 5 projects, seeking feedback from the community through breakout rooms and online comment forms. The County then opened up their 30-day public comment period for this project and the 4 remaining projects that are also coming forward.

San Mateo County's community planning process included the following:

- 30-day public comment period: October 2, 2024-November 6, 2024
- Local Mental Health Board Hearing: November 6, 2024
- Board of Supervisor Approval: Scheduled for January 14, 2025

A final plan, incorporating community partner and stakeholder input as well as technical assistance provided by Commission staff, was submitted on November 27, 2024.

Commission Level

This project was initially shared with Community Partners on October 14, 2024, and the final version was again shared on November 27, 2024. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees as part of the email distribution list.

No comments were received by the Commission in response to the sharing of this project.

On February 7, 2025, Commission staff met with San Mateo County to discuss the challenges identified in the allcove Phase 1 report, specifically pertaining to sustainability and the potential risk surrounding sustainability. The County was appreciative of the conversation and stated that they heard of the challenges in continuing this project. San Mateo stated they were confident of their community's interest in moving forward, utilizing innovation funding to support allcove Half Moon Bay and that local funds would likely be utilized for sustainability efforts.

Learning Objectives and Evaluation (see pgs 19-21 of project):

The following questions have been established that will guide the goals and evaluation of this Multi-County Collaborative project:

1. Will the implementation of allcove Half Moon Bay:
    a. Engage young people and support them in connecting them to services when they want them, before a crisis, leading them to better outcomes for youth and cost savings for communities?
    b. Destigmatize mental health and normalize wellness and prevention and early intervention?
    c. Reimagine mental health and wellbeing for young people?
2. Will the implementation of allcove Half Moon Bay result in youth and families being able to access services from a network of centers working collaboratively from a multi-county and statewide initiative?

The evaluation of this project will utilize data collected by datacove (the centralized data collection system) and will be conducted in coordination with the County's Research, Evaluation and Performance Outcomes team and Stanford's Center for Youth Mental Health and Wellbeing's Central allcove Team who will provide technical support for the data collection and evaluation component. See pages 20-21 of project for specific evaluation methods and measures.

Budget and budget narrative (see pgs 48-50 of project):

3.5 Year Budget (4 FYs)	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
Direct Costs	$ 250,000.00	$ 500,000.00	$ 500,000.00	$ 250,000.00	$ 1,500,000.00
Indirect Costs	$ 20,000.00	$ 30,000.00	$ 30,000.00	$ 20,000.00	$ 100,000.00
					$ -
					$ -
Total	**$ 270,000.00**	**$ 530,000.00**	**$ 530,000.00**	**$ 270,000.00**	**$1,600,000.00**

Funding Source	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
Innovation Funds	$ 270,000.00	$ 530,000.00	$ 530,000.00	$ 270,000.00	$ 1,600,000.00
Total	**$ 270,000.00**	**$ 530,000.00**	**$ 530,000.00**	**$ 270,000.00**	**$1,600,000.00**

San Mateo is seeking **authorization to spend up to $1,600,000 in MHSA innovation funding** over 3.5 years to help provide services for the allcove Half Moon Bay center. This innovation funding request will supplement grant funding in the amount of $1,729,590 that was awarded by the Commission to CoastPride, a nonprofit organization that provides services to the coastside community within San Mateo. The grant money will be utilized as start-up money that will identify a building/location, the hiring and training of staff, and planning of services that may be provided.

- Direct costs total $1,500,000 (94% of total project cost) to cover costs associated with program supplies, building lease, utilities, mileage, translation services, etc.
- Indirect costs total $100,000 (6% of total project cost) and cover the County's administrative costs, IT support, and oversight of the project

Grant Funding (pg 36):

San Mateo County will be leveraging funding of this project with grant money in the amount of $1,729,590 that was awarded to CoastPride by the Mental Health Services Oversight and Accountability Commission (now known as the Commission for Behavioral Health) to start an allcove youth center.

allcove Half Moon Bay will be supported by the Central allcove Team in the following ways:

- Technical assistance and training in order to maintain model integrity and fidelity
- Participation within the learning community of counties who implement allcove centers, including conferences and networking among local and international partners
- Access to a centralized website (allcove.org)
- Evaluation of this project with the use of datacove, the centralized data collection system

BHSA Alignment and Sustainability (pages 42-45):

The County states this project aligns with the Behavioral Health Services Act Transformation as mandated by Proposition 1 by providing early intervention programs, approaches, and resources to youth and young adults for mental health and substance use issues.

San Mateo hopes to develop a sustainability plan informed by the project's youth advisory group with the goal of leveraging funding thru Medi-Cal billing and Behavioral Health Services and Supports (Early Intervention) funding.

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; ***however****, if Innovation Project is approved, the County must receive and inform the Commission of this certification of approval from the San Mateo County Board of Supervisors before any Innovation Funds can be spent.*

STAFF ANALYSIS—San Mateo County

Innovation (INN) Project Name:	**Progressive Improvements for Valued Outpatient Treatment (PIVOT) – Medi-Cal Billing**
Total INN Funding Requested:	**$5,650,000**
Duration of INN Project:	**60 months (5 years)**
BHSOAC consideration of INN Project:	**March 27, 2025**

Review History:

Public Comment Period:	October 2, 2024 – November 6, 2024
Mental Health Board Hearing:	November 6, 2024
Approved by the County Board of Supervisors:	January 28, 2025
County submitted INN Project:	November 22, 2024
Dates Project Shared with Commission Community Partners:	October 14, 2024 and December 3, 2024

Project Introduction

San Mateo County Behavioral Health and Recovery Services ("County" or BHRS) is requesting up to $5,650,000 of Innovation spending authority to prepare for implementation of Proposition 1, also known as the Behavioral Health Services Act (BHSA), by joining a component of Orange County's Progressive Improvements for Valued Outpatient Treatment (PIVOT) Innovation project, which was approved on November 21, 2024. Specifically, the County is requesting to join the PIVOT component: Developing Capacity for Specialty Mental Health Plan Services with Diverse Communities. This component seeks to identify the minimum necessary requirements for CBOs to provide specialty mental health plan services through Medi-Cal certification.

Behavioral Health Services Act Alignment and Sustainability (page 7-8)
The PIVOT project directly supports counties to prepare for the transition from the Mental Health Services Act (MHSA) to the BHSA. The component that San Mateo County is requesting

to join focuses on expanding accessible and culturally informed early intervention supports through changes in infrastructure that allows community-based mental health providers to bill Medi-Cal for specialty mental health services (SMHS).

Additionally, implementing this PIVOT component and developing community infrastructure to bill Medi-Cal not only supports core BHSA priorities, but it also addresses San Mateo County's local priorities, as evident in their local community program planning (CPP) process. Additional details on their local needs assessment and CPP process can be found on pages 2-7 of their final plan.

Since this project will develop the necessary infrastructure to support the county's community-based network of providers, it is self-sustaining. Any ongoing staffing needs may utilize the additional BHSA 2% administration allocation as appropriate.

What is the Problem? (pages 2-5)

San Mateo County's mental health services are separated into two primary groups – those that serve mild to moderate behavioral health conditions, and those that serve individuals with serious mental illness (SMI) and/or a substance use disorder (SUD). The latter fall into the category of SMHS. The former type is often provided by community-based organizations (CBOs) well-versed in community-defined evidence practices (CDEPs), which offer culturally appropriate interventions tailored to populations that face unique challenges with seeking and obtaining behavioral health services. While larger CBOs may be trained and certified to bill Medi-Cal for culturally informed services, others lack the infrastructure or capacity.

The County has at least fifteen (15) peer support and early intervention providers currently funded under the MHSA's Prevention and Early Intervention (PEI) component that may be eligible for Medi-Cal certification. If a transition plan for continued funding of these programs under the revised BHSA categories is not determined, then these programs face the risk of losing funding.

How this Innovation project addresses this problem (page 5)

San Mateo County programs that are currently funded under the MHSA – many of which are supported by PEI dollars – provide effective and culturally informed early intervention and peer support services through strong relationships between CBOs and the community. This project seeks to achieve a larger system change that allows CBOs to continue meeting the needs of San Mateo County's unserved and underserved populations as it transitions from the MHSA to the BHSA. Becoming a Medi-Cal billable provider of SMHS would ensure continuity of services particularly as counties lose their funding from the MHSA PEI component.

The County will determine steps to assist CBOs currently providing early intervention and peer support services in understanding how they can become certified SMHS providers. This project will also identify and assess components of CDEPs that are billable through Medi-Cal

and that can generate revenue for the County and CBOs to create a sustainable system of care. The proposed plan will also determine if embedding culturally based approaches for SMHS improves penetration rates and outcomes of the county's more difficult-to-reach populations, ultimately helping CBOs develop their capacity and infrastructure to serve individuals living with SMI and SUDs.

Community Planning Process (pages 6-7; appendix 1)

Local Level

In November 2022, San Mateo BHRS staff began working with their community to develop their MHSA Three-Year Plan, engaging more than 400 clients, family members, community agencies and leaders by means of surveys, input sessions, and public comments. A robust community planning process engaged 14 existing local collaboratives, 11 workgroups, 3 geographically-based collaboratives, and 3 key stakeholder groups representing individuals across the county.

During the community planning process, a needs assessment was completed to help identify community needs and priorities, resulting in a total of 8 identified priorities: Access to Services, Behavioral Health Workforce, Crisis Continuum, Housing Continuum, Substance Use Challenges, Quality of Client Care, Youth Needs, and Adult/Older Adult Needs. After screening for Innovation regulatory requirements, BHRS staff reviewed 14 ideas, the majority of which centered around prevention efforts.

Participants specifically expressed concerns with access to PEI programs and the sustainability of those services in light of the reallocation of funding due to the BHSA, which eliminates the PEI fund entirely. Due to this pressing need, the PIVOT project was selected to address the forthcoming shift in BHSA funding. The 30-day public comment period occurred between October 2, 2024 and November 6, 2024, and the plan received Local Mental Health Board approval on November 6, 2024. It is scheduled for Board of Supervisor review on January 14, 2025.

A final plan, incorporating community partner and stakeholder input as well as technical assistance provided by Commission staff, was submitted on November 22, 2024.

Commission Level

Commission staff shared this project's initial plan with its community partners and the Commission's listserv on October 14, 2024, and comments were directed to County staff. A final project plan was shared with the Commission's community partners and listserv on December 3, 2024. Additionally, this project was shared with both the Client and Family Leadership and Cultural and Linguistic Competence Committees as part of the email distribution list.

One comment was received in response to the Commission's final request for feedback. The comment was regarding the county's overall Request for Proposals (RFP) process, where the

commenter indicated that preference or incentives should be given to applicants from the Disabled Veteran Business Enterprise and/or small businesses. The comment did not appear to speak specifically on programmatic details of this proposed innovation plan. Commission staff forwarded the comment directly to San Mateo County for consideration.

Learning Objectives and Evaluation (page 6)

This project will address the primary learning objectives from the Medi-Cal component of the original Orange County plan. They include the following questions:

1. What are the minimum requirements for a CBO to become a Medi-Cal/DMC-ODS provider?
2. What type and level of technical assistance is needed to support CBOs?
3. In what ways does a hub and spoke model effectively support capacity building?
4. Does embedding culturally based approaches for specialty mental health care improve penetration rates and client outcomes?
5. Which CDEPs are most effective?
6. How can CDEPs be utilized to generate revenue?

Additional learning objectives specific to San Mateo County will also be explored. They include the following questions:

1. To what extent and how does the process of billing Medi-Cal change CBOs' service delivery practices (e.g., structure of services, time spent on administration)?
2. What adjustments do CBOs need to make to their practices in order to incorporate Medi-Cal billing into their practice?

The Budget and Budget Narrative (pages 9-11)

BUDGET CATEGORY	FY 24-25	FY 25-26	FY 26-27	FY 27-28	FY 28-29	FY 29-30	TOTAL
Personnel Costs	$30,000	$40,000	$40,000	$40,000	$40,000	$10,000	**$200,000**
Operating Costs	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
Non-Recurring Costs	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
Consulting/ Contracts Costs	$560,000	$1,085,000	$1,085,000	$1,085,000	$1,085,000	$550,000	**$5,450,000**
Other Expenditures	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
TOTAL	**$590,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$560,000**	**$5,650,000**

BUDGET CONTEXT	FY 24-25	FY 25-26	FY 26-27	FY 27-28	FY 28-29	FY 29-30	TOTAL

Administration	$530,000	$1,040,000	$1,040,000	$1,040,000	$1,040,000	$510,000	**$5,200,000**
Evaluation	$60,000	$85,000	$85,000	$85,000	$85,000	$50,000	**$450,000**
TOTAL	**$590,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$560,000**	**$5,650,000**

FUNDING SOURCE	**FY 24-25**	**FY 25-26**	**FY 26-27**	**FY 27-28**	**FY 28-29**	**FY 29-30**	**TOTAL**
Innovation Funds	$590,000	$1,125,000	$1,125,000	$1,125,000	$1,125,000	$560,000	$5,650,000
TOTAL	**$590,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$1,125,000**	**$560,000**	**$5,650,000**

The County is requesting authorization to spend up to $5,650,000 in MHSA Innovation funding for this project over a period of 60 months (5 years). One-hundred percent (100%) of the project will be supported by Innovation funding.

The proposed personnel budget includes a Mental Health Program Specialist position that will monitor all early intervention programs, coordinate with Managed Care Plans, and work closely with the San Mateo BHRS Quality Management team and administrative staff on Medi-Cal billing support for up to fifteen (15) early intervention providers. Personnel costs ($200,000) also support capacity building and make up 3.5% of the total budget.

The remaining 96.5% of the budget ($5,450,000) will be allocated to Consulting and Contracts costs. Contractor expenses will support delivery of the program and include salaries, benefits, training costs, supplies, translational services, and any necessary subcontracts. Approximately 8% ($450,000) of Contract costs are reserved for an independent evaluation contract that will include development of all annual and final reports.

The projected budget does not indicate any costs associated with operations, nor does it contain any non-recurring costs. The County provides additional budget details on page 9-11 of their plan.

It is expected that sustainability of the PIVOT project will be funded through the Behavioral Health Services and Supports (BHSS) component for early intervention and/or the 2% of local BHSA revenue that may be used for administrative costs.

Conclusion

The proposed project, “Progressive Improvements for Valued Outpatient Treatment (PIVOT) – Medi-Cal Billing,” appears to meet the minimum requirements listed under MHSA Innovation regulations.

STAFF ANALYSIS – VENTURA COUNTY

Innovation (INN) Project Name:	**Veteran Mentor Project**
Total INN Funding Requested:	**$2,587,377**
Duration of INN Project:	**3 Years**
BHSOAC consideration of INN Project:	**March 27, 2025**

Review History:

Approved by the County Board of Supervisors:	Scheduled for March 11, 2025
Mental Health Board Hearing:	December 16, 2024
Public Comment Period:	November 18-December 16, 2024
County submitted INN Project:	December 20, 2024
Date Project Shared with Stakeholders:	November 19, 2024 and December 23, 2024

Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):

The primary purpose of this project is to *increase access to mental health services to underserved groups.*

This Proposed Project meets INN criteria *by applying a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.*

Project Introduction:

Ventura County Behavioral Health ("County") is requesting up to $2,587,377 of Innovation spending authority to provide peer supports and resources for both veterans and emergency first responders who may encounter challenges transitioning to non-emergency and non-military civilian life. For the purposes of this project, the County indicates the term "veteran" refers to both military veterans and first responders.

Behavioral Health Services Act Alignment and Sustainability (see page 12):

The Veterans Mentor Innovation Project aligns with the BHSA's priority of investing in individuals living with or who are currently at-risk of developing a serious behavioral health condition. Due to the high rates of death by suicide for veterans, the County is focusing on this population.

The evaluation will determine the overall success of this project and that will allow the County to elect to continue the program in its entirety or continue certain components of the project. If continued, the County will sustain funding of this project by utilizing Early Intervention funding within the Behavioral Health Services and Supports component of the BHSA.

What is the Problem:

The County states there are limited resources and supports available to individuals who are retiring from military service and/or emergency first responders as they make the transition into civilian life.

Statistics reveal approximately 200,000 individuals retire from the military annually. (US Department of Labor[1]). Those who retire at an earlier age will likely still need employment although they may encounter challenges acclimating into civilian life, including seeking and maintaining employment and the routines within a household. These hurdles may increase feelings of anxiety and stress and can lead veterans to suicidal ideation and death by suicide.

This project was brought to the County from a family member of a veteran who died by suicide. The family member identified many unmet needs facing the veteran population and the need for veterans to connect to their peers in an effort to provide hope, resources, and to bring attention to this matter.

The County provided the following statistics for **2021** *(additional data found on pages 3-4):*

- 559 individuals died by suicide in California who had served in the military (age 18 and older)
- Veterans comprised 14% of all those who died by suicide
- 96% were male
    - Caucasian – 96%
    - Hispanic – 11%

[1] Forecast number of military retirees U.S. 2034 | Statista

For first responders specifically, suicidal ideations and attempts by suicide occur at a higher rate due to the stress they encounter on a daily basis; however, research for this project revealed that no supportive services exist for this population as they transition to civilian life, (police officer/firefighter/paramedic/EMT, etc).

This project aims to provide referrals and support services for both veterans and those leaving their post as first responders by being connected with a mentor who will provide various levels of supportive services depending on the level of need required.

How this Innovation project addresses this problem: (see pages 5-8)

This project will assist veterans in making a smoother transition from service life to civilian life by utilizing peer mentors. The County will establish a referral process and screen individuals who may benefit from this program, including screening and development of a plan toward employment opportunities and mental health wellness.

The County will focus on holistic wellness, identified as the Five Pillars of Wellness:

1. Mental Health
2. Physical Wellness
3. Relationship Wellness
4. Financial Wellness
5. Career Wellness

All veterans who receive services within this project will be screened and will receive services in one of the following tiers, depending on need:

- **Tier One** – Veteran will be placed with a peer mentor for a period of 6-12 months and will entail the following services:
    - Resume review
    - Preparation and training for interviews
    - Social relationship building
- **Tier Two** – Veteran will receive the same services as the previous tier and will also receive these services and supports:
    - Financial support for gym memberships or classes
    - Mental health therapy co-pays
    - Resume writing
    - Clothing for business attire
- **Tier Three** - Veteran will receive the same services as the previous tier and will also receive these services and supports:
    - Coping skills with a focus on overall healing and relationship wellness
    - Additional supports may be provided by higher non-clinical organizations that support veterans such as 22zero, whose mission is to heal and train veterans, first responders using peer-to-peer and holistic interventions (www.22zero.org)
- **Tier Four** – Veteran will receive the same services as the previous tier, with some components being more intensive and may include clinical support services and

residential retreats such as Save a Warrior, Wild Ops, or Mighty Oaks. All of these services are participatory and the decision will be made by the veteran and their family.

The County states that prior mentorship programs have been beneficial and effective and the County hopes to learn if this type of peer-to-peer service will positively impact veterans as they transition to civilian life. Additionally, peers will be able to relate to the challenges the veteran may be experiencing and that familiarity of a peer may provide comfort and understanding at a time of significant change in their life.

Ventura County hopes to serve approximately 200 Veterans over the duration of this project. The large military presence on the two naval bases employ over 16,000 military service members, making the military the largest employer within the County. The County asserts outreach and engagement can be done locally within the County.

The Community Program Planning Process

Local Level

In 2021, Ventura County began working with their community to review innovation criteria and discuss a total of 52 innovation projects that had been submitted. The MHSA Planning Committee is represented by various populations within the community to encourage meaningful and robust stakeholder engagement. Out of the 52 projects reviewed, 5 were selected for continued development, including this proposed project.

The County has addressed how this project aligns with MHSA General Standards by collaborating with other agencies within the County, being culturally sensitive and client/family-driven with a goal of overall wellness (see pages 11-12).

Ventura County's 30-day public comment period was held between November 18, 2024 and December 16, 2024. The plan received Local Mental Health Board approval on December 16, 2024. It is scheduled for Board of Supervisor review on March 11, 2025.

Commission Level

Commission staff shared this project's initial plan with its community partners and the Commission's listserv on November 19, 2024, and comments were directed to County staff. A final project plan was shared with the Commission's community partners and listserv on December 23, 2024.

No comments were received in response to the Commission's final request for feedback.

Learning Objectives and Evaluation:

This project will use an independent evaluator, monitored by the County, to explore the below learning goals. All contracts and service agreements will be monitored by staff employed within this project. Questions that the project hopes to answer include:

1. Does having a Veteran as a mentor provide an easier transition for a service member transitioning to civilian life?
    a. How receptive are veterans to having a mentor linking them to resources?
    b. Did they feel having a mentor helped them follow through with referrals?
2. Will the program lead to successful employment for veterans transitioning to civilian life?
3. How does a mentorship program impact a participant's self-perceived success in life?
4. Will veterans be receptive to mental health services if it is determined additional services are needed?
    a. If so, do they find that having a peer mentor was a key support to that process?

Learning goals will look at how both mentors and veteran mentees impact each other successfully. Additionally, the evaluation will provide data relative to the success of utilizing the peer support model to assist veteran mentees with linkages and resources to support employment efforts.

The evaluation may be derived from data collected from the following: key stakeholder interviews, various self-assessment surveys, tracking of referrals, frequency of attendance and level of participation.

Budget and budget narrative (see pages 14-18):

3 Year Budget	FY 24/25	FY 25/26	FY 26/27	TOTAL
Direct Costs	$ 750,548.00	$ 714,387.00	$ 802,442.00	$ 2,267,377.00
Indirect Costs	$ 110,000.00	$ 105,000.00	$ 105,000.00	$ 320,000.00
			Total Innovation Requested	**$ 2,587,377.00**

Ventura County is seeking up to $2,587,377 in Innovation dollars to fund their Veterans Mentor Project over a three-year project duration. Both direct and indirect costs consist of the following items:

Direct Costs

- Personnel costs total $967,127 (37.4% of total budget) to cover staffing costs for this project, including benefits and salaries
- A total of $743,750 (28.8% of total budget) will cover costs associated with partnering agency subcontracts to support clients (i.e. clothing and transportation)
- Costs for outreach, travel, and presentations total $80,000 (3.1% of total budget)

- Program expenses for leasing office space, office furnishings, and client supports total $430,000 (16.6% of total budget)
- The cost of the evaluation of this project is $46,500 (1.8% of total budget)

Indirect Costs

Overhead costs associated with county fiscal and administrative fees total $320,000 (12.4% of total budget)

Depending on the success of this project, the County may elect to continue the program in its entirety or continue certain components of the project. If continued, the County will sustain funding of this project by utilizing Early Intervention funding within the Behavioral Health Services and Supports component of the BHSA.

Conclusion

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations; however, if Innovation Project is approved, the County must receive and inform the MHSOAC of this certification of approval from Ventura County Board of Supervisors before any Innovation Funds can be spent.

STAFF ANALYSIS—San Luis Obispo County

Innovation (INN) Project Name:	**Medi-Cal Maximization and Training Initiative (MMTI)**
Total INN Funding Requested:	**$600,000**
Duration of INN Project:	**3 years**
BHSOAC consideration of INN Project:	**March 27, 2025**

Review History:

Public Comment Period:	January 29, 2025 – February 28, 2025
Behavioral Health Board Hearing:	February 19, 2025
Approved by the County Board of Supervisors:	Scheduled for March 25, 2025
County submitted INN Project:	February 28, 2025
Project Shared with Commission Partners:	January 30, 2025 and February 28, 2025

Statutory Requirements (WIC 5830(a)(1)-(4) and 5830(b)(2)(A)-(D)):
The primary purpose of this project is to increase access to mental health services for underserved groups, including but not limited to services provided through permanent supportive housing; increase the quality of mental health services, including measured outcomes; and promote interagency and community collaboration related to mental health services and support outcomes.

This proposed project meets Innovation criteria by introducing a new practice or approach to the overall mental health system, including but not limited to prevention and early intervention; and making a change to an existing practice in the field of mental health, including but not limited to application to a different population.

Project Introduction
San Luis Obispo County Behavioral Health Department (County/SLOBHD) is requesting up to $600,000 of Innovation spending authority to prepare for Proposition 1 and the Behavioral Health Services Act (BHSA) implementation, which restructures the Mental Health Services Act (MHSA) funding categories and forces many existing programs to shift their business models, or otherwise risk being terminated. Through an external subject matter expert (SME), this project aims to assess community partners' current systems and capacities and

transition them into a more efficient and sustainable funding structure through direct and personalized technical assistance. Specific programs that this project will focus on include Full Service Partnerships (FSPs), school-based counseling and early intervention programs, peer support services, and other eligible mental health services.

Behavioral Health Services Act Alignment and Sustainability

The Medi-Cal Maximization and Treatment Initiative (MMTI) project aligns with the BHSA's priority of investing in early intervention services and supports that serve adults, children, and youth who may be experiencing, or are at risk of experiencing, homelessness and/or serious mental illness. Additionally, this project seeks to lower overall administrative burden and develop best practices for FSP teams so that they can reach fidelity and focus more on providing client care.

Each participating program will be extensively reviewed to determine the most appropriate funding structure for its continuation, allowing programs to be self-sustaining and less reliant on BHSA or other unstable funding sources. Opportunities for support include maximization of Medi-Cal billing, application of private insurance billing, and/or other billable revenue models, where applicable. The fiscal impact for each participating program will also be examined to determine whether Medi-Cal maximization was achieved.

For additional information on BHSA alignment and sustainability, see pages 13-14 of the project proposal.

What is the Problem?

With the passing of Proposition 1 and upcoming changes to the MHSA's funding components, many of the County's behavioral health program providers will need to shift and/or maximize their funding resources to allow for continuation of vital services and prevent lapses in care. Affected programs include but are not limited to early intervention programs and peer support services. Some of these services are currently funded by MHSA Prevention and Early Intervention (PEI) dollars, which will no longer be available as of July 1, 2026, and other programs may be eligible for Medi-Cal reimbursement or maximization. Additionally, changes with the BHSA will also implement fidelity-based requirements for FSPs to ensure effective outcomes and provider performance.

SLOBHD and many of its local program providers, particularly those that are small- to mid-sized, do not have the infrastructure and/or procedural knowledge to effectively make the shift away from MHSA funding to more sustainable options, namely Medi-Cal. The County estimates that there are 70,000 individuals across diverse demographic backgrounds who are currently receiving Medi-Cal benefits, and roughly 2,000 individuals either experiencing, or at risk of developing a mental illness, are currently being served by FSPs, school-based services, or other direct service programs.

In preparation for this proposal, SLOBHD researched existing technical assistance resources such as those provided by the Department of Health Care Services (DHCS); however, the

County found these resources to be limited and not fully responsive to the unique needs and specific processes of SLO County. An in-house SME more familiar with the County's systems would allow for SLOBHD programs and partnering community providers to best identify approaches that maximize a billable structure, with a personally tailored approach for providers.

Furthermore, SLOBHD discussed their proposed project with Orange County, which was recently approved by the Commission in November 2024 for up to $34.9 million in Innovation funds to implement their Program Improvements for Valued Outpatient Treatment (PIVOT) project. One of the PIVOT components serves to develop capacity for Specialty Mental Health Services (SMHS) billing. Similarly, Nevada County was recently approved by the Commission in November 2024 for up to $1.365 million in Innovation funds to implement technical assistance on Medi-Cal billing. Although similar in their goals, each of these Innovation projects seeks to provide highly targeted support to their counties' unique programs and providers in order to best prepare for the BHSA transition. SLOBHD will remain in touch with Orange and Nevada Counties throughout the duration of their project to share insights, lessons learned, challenges, and successes that will assist in the dissemination of statewide learning.

How this Innovation project addresses this problem

Shifting away from MHSA and toward other funding models such as Medi-Cal or private insurance can involve a heavy administrative burden requiring highly specialized technical assistance for an effective transition. To mitigate the risk of loss of funding and lapses in care, this proposed project will create a self-sustaining infrastructure for programs currently reliant on MHSA dollars, as well as maximize existing Medi-Cal reimbursement opportunities.

The MMTI project involves two major components, employing a contracted SME and an internal administrative project coordinator who will also perform the project evaluation.

- **SME**: At the start of the project, a request for proposals will be broadcasted to competitively identify and contract with an individual who is a subject matter expert on Medi-Cal, the behavioral health system of care, and the Behavioral Health Transformation. The overall goal of the SME is to provide education on administrative processes, assess current systems capacity, identify areas of improvement, and deliver ongoing technical assistance via learning collaboratives and individualized trainings throughout implementation to community program providers as they transition to more sustainable funding sources. Technical support will be provided for two (2) years as the county moves from MHSA to BHSA.

  The SME will serve as an expert in Medi-Cal billing, Behavioral Health Transformation, Cal-AIM, and the behavioral health system of care. This person will assess current capacities of community programs' financial models to identify effective methods of sustaining behavioral health services currently offered and will provide direct technical assistance in order to implement these approaches.

The SME will work with early intervention providers, such as counselors in school-based programs, to assist with best practices and protocols that also align with Medi-Cal billing and private insurance requirements where appropriate, as well as explore other funding options that will allow these programs to continue without the aid of MHSA funding. The SME will also utilize their expertise on FSPs to enhance fidelity and quality of these programs through direct support to FSP providers, ensuring that they adhere to required evidence-based practices.

- **Coordinator**: The overall goal of the project coordinator is to monitor the Innovation project from start to finish and serve as the liaison between SLOBHD and the SME. The coordinator will be SLOBHD staff and will provide administrative support; collect, track, and analyze data; and develop the Final Innovative Project Report.

  At the start of the project, the coordinator will solicit and partner with the contracted SME to manage their scope of work. They will also oversee the SME's ongoing activities, ensuring that project goals are achieved.

  The coordinator will compile and analyze all data collected in order to compose Annual Innovative Reports and the Final Innovative Project Report, as mandated by the MHSA Innovation regulations.

SLOBHD has already sent out a request to gauge provider interest in the training component of this plan. They aim to identify and contract with a SME by July 2025 and have a goal of executing the first learning collaborative by Fall 2025. For additional project details, see pages 8-10 of the project plan.

Community Planning Process

Local Level

For the past two years, SLOBHD and community mental health service providers have had ongoing dialogue regarding the increasing need for support around revenue-generating strategies. This has been the primary focus during community meetings and has led to the creation of this MMTI project proposal. Particularly with the passing of Proposition 1 and the impending changes of funding categories, providers are requiring assistance now more than ever. On January 29, 2025, the MMTI plan was presented to the Mental Health Advisory Committee (MAC) to solicit feedback, suggestions, and support. The MAC is open to public attendance, and membership is comprised of diverse representatives, including community members, consumers, families, providers, and local mental health experts. The plan was unanimously approved, and subsequently, SLOBHD began seeking providers who would be interested in participating.

On February 19, 2025, the MMTI project was presented to the SLO County Behavioral Health Board, where members voiced full support of the plan. During the meeting, one public comment was received. The commenter identified strengths of the plan, such as its focus on

expanding billing opportunities and the growing need of these types of supports in light of the upcoming BHSA transformation. The individual also called out the need for quality consultants, as well as the need for equal access of learned information to all CBOs. To address these considerations, the County plan indicates that it will disseminate a competitive request for proposals, and evaluation updates will be posted annually for all to view.

The 30-day public comment period for this plan was January 29, 2025 through February 28, 2025 and was disseminated through the SLOBHD website and social media. Within that time, SLOBHD received two comments – one in support of the plan, and the other asking if the consultant will be external of SLOBHD staff. Per the plan, the SME consultant will be an external contractor.

The plan was presented to San Luis Obispo County's local Behavioral Health Board on February 19, 2025 and is scheduled for review by the Board of Supervisors on March 25, 2025. For additional information on the County's local community planning process, see page 5 and pages 12-13 of the project proposal.

Commission Level

Commission staff shared this project's initial plan with its community partners and the Commission's listserv on January 31, 2025, and comments were directed to Commission staff. An updated project plan was shared with the Commission's community partners and listserv on February 28, 2025.

No comments were received in response to the Commission's final request for feedback.

Learning Objectives and Evaluation

The overall purpose of the MMTI project is to identify the revenue capacity of existing programs and determine where and how alternative funding can be maximized as SLO County prepares for BHSA changes. SLOBHD programs and partner providers will receive guidance and learn best practices in areas of school-based counseling, early intervention, and FSP programs to ultimately increase self-sustainability.

To evaluate the progress and effectiveness of this project, the MMTI coordinator will collect, track, analyze, and report on specific data in line with project goals. These include:

Goal 1: Medi-Cal Maximization

- Measurement: The MMTI project team will identify all billable services and track revenue currently generated

Goal 2: Productivity Enhancement

- Measurement: The MMTI project team will identify programs and services with the highest opportunity to enhance productivity. They will also measure and evaluate baseline revenue data against data collected at the end of the project to determine the impact of billing models and evaluate successful integration into current systems.

Goal 3: CBO Partner Medi-Cal Training & System Development

- Measurement: Implement standardized trainings for community partners in the form of group and individual instruction and advise providers on ways to maximize billing infrastructure.

Overall, this project aims to increase program self-sufficiency, adhere to BHSA mandates, and prevent lapses in care during a period of vast change.
For additional information on the project's learning objectives and evaluation plan, see pages 10-11 of the project proposal.

The Budget and Budget Narrative

EXPENDITURES	Year 1 (FY 24-25)	Year 2 (FY 25-26)	Year 3 (FY 26-27)	TOTAL
Personnel Costs	$ 48,000.00	$ 120,000.00	$ 120,000.00	**$ 288,000.00**
Operating Costs	$ -	$ -	$ -	**$ -**
Non-Recurring Costs	$ -	$ -	$ -	**$ -**
Consulting/Contracts	$ 42,000.00	$ 135,000.00	$ 135,000.00	**$ 312,000.00**
Other Expenditures	$ -	$ -	$ -	**$ -**
TOTAL	**$ 90,000.00**	**$ 255,000.00**	**$ 255,000.00**	**$ 600,000.00**

FUNDING SOURCE	Year 1 (FY 24-25)	Year 2 (FY 25-26)	Year 3 (FY 26-27)	TOTAL
Innovation Funds	**$ 90,000.00**	**$ 255,000.00**	**$ 255,000.00**	**$ 600,000.00**
TOTAL	**$ 90,000.00**	**$ 255,000.00**	**$ 255,000.00**	**$ 600,000.00**

The County is requesting authorization to spend up to $600,000 of MHSA Innovation funding for this project over a period of three (3) years. One-hundred percent (100%) of the project will be supported by Innovation funding.

Forty-eight percent of the budget ($288,000) is allocated for personnel costs, which will include a 1.0 FTE administration position. This person will serve as the MMTI coordinator, provide administrative project support, and will be responsible for the final project evaluation. The MMTI coordinator will also act as the liaison and contract monitor for the external SME. It is anticipated that the coordinator will be hired in Quarter 4 of FY 24-25, which accounts for the difference in personnel expenses in Year 1, versus Years 2 and 3.

Consulting and contract costs with an external SME will make up 52% ($312,000) of the plan's budget. This person will be well-versed in Medi-Cal billing, the Behavioral Health Transformation, Cal-AIM, and the overall behavioral health system of care. They will review current systems and practices to help identify the best approaches to maximize Medi-Cal and other avenues of sustainable funding. Project participants will receive personalized technical assistance throughout the MHSA to BHSA transition, and support may be provided in the form of group collaboratives, individualized guidance, education, and/or hands-on training.

The projected budget does not indicate any costs associated with operations, nor does it contain any non-recurring costs. For additional budget details, see pages 16-18 of the project proposal.

Conclusion

The proposed project, "Medi-Cal Maximization and Training Initiative," appears to meet the minimum requirements listed under MHSA Innovation regulations; however, if this project is approved, the County must receive and inform the Commission of certification of approval from the Board of Supervisors before any Innovation funds can be spent.

AGENDA ITEM 5

Information

March 27, 2025 Commission Meeting

Advocacy Spotlight: Mental Health America of California

Summary:
Commission advocacy partner Mental Health of America California will highlight the work and accomplishments of their advocacy program LIVE (LGBTQ+ Inclusivity, Visibility and Empowerment).

Background:
The Behavioral Health Services Oversight and Accountability Commission as authorized by the State Legislature, oversees funding to community-based organizations (CBOs) to support the behavioral health needs of underserved populations through advocacy, training and education, and outreach and engagement activities. These nine populations are:

- Clients and Consumers
- Diverse Racial and Ethnic Communities
- Families
- Immigrant and Refugee Populations
- K-12 Students
- LGBTQ Populations
- Parents and Caregivers
- Veteran Populations
- Transition Age Youth (TAY)

LGBTQ+ is an acronym for “lesbian, gay, bisexual, transgender, and queer,” and the “+” symbol recognizes the limitless sexual orientations and gender identities used by members of LGBTQ+ communities. LGBTQ+ communities under this advocacy contract includes adult individuals who have received or are currently receiving mental health services, as well as those who have a mental health diagnosis in the past. The Commission acknowledges that there are a myriad of identities, attractions, and expressions among individuals from all races, ethnicities, cultures, genders, ages, and backgrounds. While mental health needs vary between different individuals, groups, communities, and regions, many issues are shared by all LGBTQ+ communities, including

threats to physical safety, harassment, discrimination, suicide, cultural insensitivity, and anti-LGBTQ+ policies and legislation.

According to the National Coalition for LGBTQ Health, the LGBTQ+ population is more likely to report poor physical and mental health than the general population, including increased incidence of HIC and other sexually transmitted infections, long-term conditions such as arthritis and chronic fatigue, and elevated risk of depression, anxiety and other mental illness. A 2023 U.S. National Survey on the Mental Health of LGBTQ+ Young People conducted by the Trevor Project, revealed that 41% of LGBTQ young people seriously considered attempting suicide in the previous year; 56% of LGBTQ young people who wanted mental health care in the past year were not able to get it; and 1 in 3 LGBTQ young people reported their mental health was poor 'most of the time' due to anti=LGBTQ policies and legislation.

Mental Health America of California (MHAC) was awarded the LGBTQ+ Populations Advocacy contract in March 2024 to conduct advocacy, education, and outreach activities to address the behavioral health needs of LGBTQ+ communities at the state level. MHAC is a statewide, peer-run organization that advocates for and assists communities, families, and individuals of all ages, sexual orientation, gender identity or expression, language, racial and ethnic background, national origin, and immigration status to experience hope, wellness, and recovery. Their program under this contract called LIVE consists of partnerships between local level organizations, community members, advocates, and leaders working to increase LGBTQ+ diversity and inclusivity through advocacy, outreach and engagement, and training and education activities. Through these activities, LIVE creates positive change by uplifting and empowering individuals to bolster their voices in policy, stigma reduction and unifying the community.

MHAC's approach to state level advocacy includes the following:

- Partner with 14 local level entities to create a regional network of local partners (called #WERKgroups) to bolster services and advocacy support for LGBTQ+ communities across the state.
- Enhance and uplift statewide participation, voice, representation, involvement, and empowerment of all LGBTQ+ communities, groups, and individuals in the development and implementation of mental health programs and policies.
- Inform and maintain ongoing dialogue with statewide decision makers through needs assessments, reporting, creating and maintaining relationships with legislators, and holding events.
- Conduct local and regional advocacy activities in partnership with #WERKgroups that include empowerment circles, empowerment workshops, roundtables, decision maker meetings, community briefings panels, drag queen story hours, vogue workshops, pop-ups, open mic nights, video campaigns, and podcasting.
- Hold annual statewide events called the WE LIVE Conference to uplift and celebrate diverse voices, stories, and advocacy of LGBTQ+ communities.

- Publish and highlight advocacy work through annual reporting and multimedia projects.

Presenter(s): Heidi Strunk, President & CEO, MHAC
Dimitrius Stone, Director of Programs, MHAC
Anthony Garibay-Mena, LIVE Project Manager, MHAC
Danny Thirakul, CAYEN Public Policy Coordinator, MHAC

Enclosures: None

Handouts (1): LIVE Advocacy Presentation

Proposed Motion: None

AGENDA ITEM 7

Action

March 27, 2025 Commission Meeting

Formation of Committees

Summary:
That the Commission plans to establish three new standing Advisory Committees, pursuant to Welfare and Institutions Code § 5845(f)(4) and Commission Rules of Procedure 6.1(B).

Background:
The Committee Charters are attached. Breifly,

- **The Budget and Fiscal Advisory Committee.**
  - Monitor and Advise on Commission's Budget. This Advisory Committee supports the Commission by monitoring the Commission's budget and provide recommendations on annual priorities, in alignment with the Program and Legislative and External Affairs Committees.
- **The Legislative and External Affairs Advisory Committee.**
  - Shape the Legislative Agenda and Advocacy Priorities**.** This Advisory Committee supports the Commission by shaping the Commission's legislative agenda and advocacy priorities.
- **The Program Advisory Committee.**
  - Shape Program Priorities. This Program Advisory Committee supports the Commission by shaping the Commission's program priorities.

Presenter(s): Sandra M. Gallardo, Chief Counsel

Enclosures (3): (1) Program Advisory Committee Charter; (2) Legislative & External Affairs Advisory Committee Charter; (3) Budget/Fiscal Advisory Committee Charter

Handouts(1): PowerPoint Presentation

Proposed Motion: That the Commission establish three new standing Advisory Committees, pursuant to Welfare and Institutions Code § 5845(f)(4) and Commission Rules of Procedure 6.1(B):

(1) The Budget and Fiscal Advisory Committee
(2) The Legislative and External Affairs Advisory Committee
(3) The Program Advisory Committee

PROGRAM ADVISORY COMMITTEE

CHARTER

AUTHORITY

The Program Advisory Committee is established pursuant to WIC Section 5845(f)(4) and operates in compliance with the Bagley-Keene Open Meetings Act (Government Code Section 11120 et. seq.).

PURPOSE AND GOALS

The Advisory Committee supports the Commission by shaping the Commission's program priorities.

The Advisory Committee shall:

- Review proposals for Commission research, project development, contracts, and grants, and recommend Commission action including amendment, approval or rejection.
- Report to the Commission on alignment of proposals with strategic plan, goals, and objectives,
- Review adequacy of accountability, transparency, deliverables, reporting, and process for evaluation.
- Review periodic program updates to ensure the terms of approval are satisfied, and reports progress, outcomes, and concerns, if any, to the Commission. The Advisory Committee will determine the frequency and schedule of such updates.

Proposals requiring Commission resources will be referred by the Program Advisory Committee to the Budget and Fiscal Advisory Committee to ensure availability of resources.

The areas of the Advisory Committee's responsibilities include activities undertaken pursuant to the authority of the Behavioral Health Wellness Act, the Behavioral Health Student Services Act, and the Behavioral Health Services Innovation Partnership Fund, and any other specific authorities granted to the Commission.

MEMBERSHIP

The Committee members shall consist of current, appointed Commissioners. Members will be appointed by the Commission Chair. The maximum number of members will be less than a quorum of the full Commission.

QUORUM AND VOTING

1. A quorum consists of a majority of the appointed members.
2. Actions require an affirmative vote of a majority of members present.
3. Each member shall have one vote.
4. Proxy voting is not permitted.

PUBLIC PARTICIPATION

1. All meetings shall be open to the public
2. The public will have the opportunity to comment on agenda items
3. Written comments may be submitted according to procedures established by the Chair

OFFICERS

1. The Commission Chair will select a Chair and Vice Chair annually

Approved by BHSOAC Commission on:

LEGISLATIVE & EXTERNAL AFFAIRS ADVISORY COMMITTEE

CHARTER

AUTHORITY

The Legislative & External Affairs Advisory Committee is established pursuant to WIC Section 5845(f)(4) and operates in compliance with the Bagley-Keene Open Meetings Act (Government Code Section 11120 et. seq.).

PURPOSE AND GOALS

The Advisory Committee supports the Commission by shaping the Commission's legislative agenda and advocacy priorities.

The Advisory Committee shall:

- Monitor legislation and develop and propose new policies or amendments for existing laws that enhance behavioral health services and access
- Engage with Commission stakeholders, including community leaders, providers, and advocates, to obtain diverse insights and identify policy priorities, and where applicable, adopt policy reports
- Support and collaborate with the Commission's Advocacy Contract Grantees to strengthen their capacity for effective representation and advocacy on behalf of their constituent communities.

MEMBERSHIP

The Committee members shall consist of current, appointed Commissioners. Members will be appointed by the Commission Chair. The maximum number of members will be less than a quorum of the full Commission.

QUORUM AND VOTING

1. A quorum consists of a majority of the appointed members.
2. Actions require an affirmative vote of a majority of members present.
3. Each member shall have one vote.
4. Proxy voting is not permitted.

PUBLIC PARTICIPATION

1. All meetings shall be open to the public

2. The public will have the opportunity to comment on agenda items
3. Written comments may be submitted according to procedures established by the Chair

OFFICERS

1. The Commission Chair will select a Chair and Vice Chair annually

Approved by BHSOAC Commission on:

BUDGET/FISCAL ADVISORY COMMITTEE

CHARTER

AUTHORITY

The Budget/Fiscal Advisory Committee is established pursuant to WIC Section 5845(f)(4) and operates in compliance with the Bagley-Keene Open Meetings Act (Government Code Section 11120 et. seq.).

PURPOSE AND GOALS

The Advisory Committee supports the Behavioral Health Services and Oversight and Accountability Commission (Commission) by monitoring the Commission's budget and provide recommendations on annual priorities, in alignment with the Program and Legislative and External Affairs Committees.

The Advisory Committee shall:

Review annual budget documents, quarterly budget updates, and budget change proposals, and recommend Commission action including amendment, adoption, and submission as necessary to the Department of Finance or the Legislature.

The Advisory Committee supports the Commission by reviewing periodic fiscal analyses of projects, contracts, and grants under the jurisdiction of the Commission, and making the Commission aware of matters of concern. The Advisory Committee will determine the frequency and schedule of such analyses.

MEMBERSHIP

The Committee members shall consist of current, appointed Commissioners. Members will be appointed by the Commission Chair. The maximum number of members will be less than a quorum of the full Commission.

QUORUM AND VOTING

1. A quorum consists of a majority of the appointed members.
2. Actions require an affirmative vote of a majority of members present.
3. Each member shall have one vote.
4. Proxy voting is not permitted.

PUBLIC PARTICIPATION

1. All meetings shall be open to the public
2. The public will have the opportunity to comment on agenda items
3. Written comments may be submitted according to procedures established by the Chair

OFFICERS

1. The Commission Chair will select a Chair and Vice Chair annually

Approved by BHSOAC Commission on:

AGENDA ITEM 8

Action

March 27, 2025 Commission Meeting

Full-Service Partnership Legislative Report

Summary:
California's Full Service Partnership (FSP) programs are recovery-oriented, comprehensive services targeted to individuals who are unhoused or are at risk of becoming unhoused, and who have a severe mental illness, often with a history of criminal justice involvement and repeat hospitalizations. FSP programs were designed to serve people in the community rather than in locked state hospitals. FSPs provide services across the lifespan including children, transition aged youth, adults, and older adults. A unique component to FSPs is that services are available 24/7 and can include therapy, assistance planning, transportation to medical appointments, housing assistance, and more. On the continuum of care, FSPs employ a "whatever it takes" approach with a focus on resiliency and recovery.

SB 465 (2021) charges the Commission with biennial reporting to the legislature on the performance and impact of FSPs. The passing of Prop 1 reinforces the role of FSPs as a critical component of California's behavioral health continuum of care. FSPs represent a "whatever it takes" model to support, sustain, and improve the life outcomes of people with serious mental illness. Initially designed to be an alternative to locked residential facilities, FSPs are community-based, outpatient support systems meant to develop and sustain independence and connection to social systems, including education and employment. When carried out fully and with efficacy, FSPs can reduce costs, improve the quality and consistency of care, enhance outcomes, and most importantly save lives. Despite their immense potential to reduce homelessness, incarceration, and hospitalization across the state, FSPs experience challenges with workforce access, quality, and performance management.

The FSP report to the legislature is constructed in two parts. Part 1 provides an overview of FSPs, and examines the data collection, reporting, and monitoring done by FSP and county staff to meet the needs of clients and comply with existing mandates. A key component to this evaluation is examining the role of the Data Collection Reporting (DCR) system managed by the Department of Health Care Services (DHCS) and providing possible solutions to improve data accuracy and transparency, while reducing the administrative burden. Part 2 provides a comprehensive overview of clients served by FSPs including age, race/ethnicity, gender, place of birth, and

experiences of homelessness. It also examines service usage and outcomes, such as crisis service utilization, inpatient psychiatric hospitalization, and emergency department visits. The report does not provide information on clients' incarceration, probation, or recidivism prior, during, or after FSP partnership due to data sharing lags with the Department of Justice (DOJ).

Background and Context:

Senate Bill (SB) 465 directs the Commission to provide biennial reports to the Legislature on the operations of FSPs and recommendations on improving outcomes for FSP clients. Specifically, the Commission must report on:

- Criminal justice involvement; housing status or homelessness; hospitalization, emergency room utilization, and crisis service utilization for those eligible for an FSP.
- Analyses of separation from a FSP and the housing, criminal justice, and hospitalization outcomes for the 12-months following separation.
- An assessment of whether those individuals most in need are accessing and maintaining participation in a FSP or similar programs.
- Identification of barriers to receiving the data relevant to the report requirements and recommendations to strengthen California's use of FSPs to reduce incarceration, hospitalization, and homelessness.

Commission Efforts to Date

- The Commission approved its first report to the legislature in January 2023. This report identified three primary concerns. First, that the State faced significant data quality challenges that impeded the assessment of the effectiveness of FSPs. Second, despite regulatory requirements, counties did not appear to be allocating mandatory minimum funding levels to support FSP programs. Third, the State had not established sufficient technical assistance to ensure the effectiveness of FSP programs and support improved outcomes. During the January Commission meeting, at which the FSP report was approved for adoption, FSPs were identified as a key priority by the Commission.
- In April 2023, the Commission heard two panel presentations on FSPs. The first described the history and promise of FSPs, included a consumer perspective, and provided an overview of current efforts to establish best practices for the model. The second panel included representatives from county behavioral health agencies and FSP providers to share their perspectives on systemic challenges and opportunities for improvement statewide.
- In February 2024, the Commission approved setting aside $20 Million in Mental Health Wellness Funds towards a technical assistance and capacity building strategy to improve service delivery and outcomes for Full-Service Partnerships.

- In May 2024 the Commission heard from a panel of research partners, a representative from DHCS, and a County Behavioral Health Director on recent efforts to drive improvement in service delivery and partner outcomes.
- In August 2024, the Commission approved a plan for $10 million (of the $20 million previously set aside) in MHWA funds towards value-based contracting and performance management, and improved service delivery. This plan was informed by the findings of our extensive engagement and research efforts as presented in previous Commission meetings and in our draft report to the legislature.

In addition to these touchpoints to the Commission in public meetings, staff have done extensive community engagement to better understand the needs of counties to drive the kind of systemwide improvement necessary to move the needle on hospitalization, homelessness, and incarceration for Californians with serious mental illness. This included: 1) conducting deep dives of current contract management practices with several counties; 2) hosting numerous listening sessions, focus groups, and interviews to better understand FSP service delivery; and 3) fielding a statewide survey of county behavioral health staff to identify ways to improve outcomes for FSP partners. In addition, we have conducted site visits to multiple adult FSPs and to a youth FSP.

The findings and recommendations of these extensive efforts are detailed in the report and include:

1) **Statewide Data Infrastructure:** The existing DCR system under DHCS jurisdiction is not sufficient for capturing accurate, high-quality data necessary for statewide accountability and transparency of FSPs. The Commission recommends that the existing DCR system be replaced or overhauled to have the following features at its core: functionality, customization, brevity, and interoperability.

2) **Performance Management:** Most counties are not currently engaged in substantive performance management practices. The Commission recommends launching a statewide learning community where county behavioral health staff and providers can gain greater knowledge of the potential benefits of performance management for their teams and better understand the resources necessary to undertake performance management with fidelity.

3) **Outcomes-Based Contracting:** The current contracting practices between counties and providers do not place a strong enough focus on outcomes, particularly client specified outcomes. The Commission's recommendation is for counties to include performance metrics into their future contracts with service providers, specifying what success looks like and provide more substantial financial incentives for improved client outcomes.

4) **Funding:** Contracted providers shared their confusion around how to maximize FSP dollars, including what services were billable and to whom. The Commission suggests strong technical assistance and training for counties and service providers on maximizing FSP dollars under new Prop 1 changes.

5) **Service Delivery Models**: Most service providers would benefit from increased structure in both process and approach to service provision. Guidance on what service delivery models are best suited to particular populations, and best practices within these models, could go far. It is our recommendation that the state develop and disseminate clear service model guidelines for FSP programs statewide.

6) **Staffing and Resources:** FSP providers repeatedly called for solutions to address persistent staff shortages and guidance on how to better leverage current staff resources. Training and capacity building alone will not be sufficient to alleviate the current strain on FSP providers or alleviate the resulting turnover. The Commission suggests the state invest significant resources in identifying scalable solutions that can widen the workforce pipeline, incentivize retention of current providers, and increase use of peers in the workforce.

Presenter(s): Kallie Clark, PhD, MSW, Research Supervisor, BHSOAC

Enclosures: None

Additional Materials (1): A link to the DRAFT 2025 Full Service Partnerships Legislative Report is available on the Commission website at the following URL: https://bhsoac.ca.gov/wp-content/uploads/FSP_Legislature_Report_Final_Draft_ADA.pdf

Handouts (1): PowerPoint presentation

Proposed Motion: That the Commission adopt the 2025 Full Service Partnership Report to the Legislature.

AGENDA ITEM 11

Action

March 27, 2025 Commission Meeting

Behavioral Health Student Services Act Progress Report to the Legislature

Summary:
The Commission will receive and consider approval of the draft biennial progress report to the legislature on the Behavioral Health Student Services Act (*formerly known as the Mental Health Student Services Act*).

Background:
The Behavioral Health Student Services Act (BHSSA) authorized by Senate Bill 75 as part of the State's 2019 Budget Act, incentivizes partnerships between county behavioral health departments and local education agencies (LEAs) to deliver school-based mental health services to students and their families. The Commission has allocated over $255 million to support school mental health partnerships across the state. Partnerships are in place in 57 of 58 counties, 50 of 58 County Offices of Education, and 440 K-12 school districts.

The Commission is required to provide a biennial progress report to the fiscal and policy committees of the Legislature on implementation of the BHSSA. The report, located in this packet, provides a high-level overview of the roll-out of BHSSA grants and documents what Commission staff have learned through grant administration and monitoring. Staff drafted the report based on information obtained from BHSSA grant partners through meetings, data and report submissions, site visits, and conversations with grantees.

The report's findings and lessons learned are considered preliminary because they are not based on a formal statewide evaluation. Planning for a statewide evaluation has concluded, with implementation scheduled to begin in early 2025, pending Commission approval.

The report offers recommendations on shared leadership and accountability that would accelerate the establishment of comprehensive school mental health systems across California so that every student has access to a continuum of services and supports at school.

<u>Commission Review</u>

The following provides the timeline for the Commission's review of the report.

- *August 22, 2024 Commission Meeting:* Commissioners received a presentation on the draft BHSSA Progress Report and discussed the report's findings and recommendations. Following the meeting, staff worked closely with Commissioners Madrigal-Weiss and Gordon to refine the report based on Commissioner feedback.
- *September 26, 2024 and October 24, 2024 Commission Meetings:* Staff were unable to present the report due to time constraints on the Commission calendar.
- *November 21, 2024 Commission Meeting*: Staff presented the BHSSA Progress Report to the Commission for review and approval. The Commission deferred a vote to approve the report and requested additional time for understanding the external evaluation phases and plan.
- *March 27, 2025 Commission Meeting:* Staff present the BHSSA Progress Report to the Commission for approval.

Presenter(s): Melissa Martin-Mollard, PhD., Chief of Research and Evaluation

Enclosures: None

Additional Materials (1): A link to the Progress Report to the Legislature is available on the Commission website at the following URL: https://bhsoac.ca.gov/wp-content/uploads/BHSSA-Progress-Report-to-Legislature_FINALDRAFT_ADA.pdf (Note: Report was completed before January 1, 2025 when the MHSSA name changed to BHSSA).

Handouts (1): PowerPoint Presentation

Proposed Motion: That the Commission approve the biennial progress report to the legislature on the Behavioral Health Student Services Act.

AGENDA ITEM 12

Action

March 27th, 2025 Commission Meeting

Behavioral Health Student Services Act Evaluation

Summary:
The Commission will receive and consider approval of a contract for up to $4 million for phase 2 of the Behavioral Health Student Services Act Evaluation (*formerly known as the Mental Health Student Services Act*).

Background:
The Commission awarded Behavioral Health Student LEA partners. BHSSA legislation allows for flexibility in grant programs if they meet BHSSA goals. Thus, local partners use BHSSA grant dollars to create solutions tailored to the needs of students, communities, and gaps in service delivery. There is considerable variation in BHSSA activities and services, target populations, and reach across the county.

To select an external partner to conduct the statewide evaluation of the BHSSA, the Commission invited five highly qualified evaluation firms to submit proposals. These submissions were scored by PhD-level Commission staff, after which the two highest scoring firms were asked to submit detailed budget proposals for Phase 1 and 2 of the evaluation. These budgets were then assessed and scored by Commission staff. Based on scores from this two-step scoring process, the Commission selected WestEd, a national leader in research, development, and technical assistance.

The evaluation BHSSA Evaluation Project was designed to be conducted in two phases:

(1) Phase 1 entailed a robust planning process grounded in community engagement that resulted in a feasible and meaningful plan to evaluate the BHSSA; and
(2) Phase 2 involves implementation of the plan to evaluate the BHSSA and dissemination of findings and lessons learned as they become available.

Between June 2023 and October 2024, Commission staff and WestEd collaborated in a planning process to design the BHSSA evaluation (Phase 1). Robust community engagement was at the center of the planning process and included over 30 listening sessions and a Youth Advisory Group that informed the development of an evaluation plan that includes a theory of change and logic model, evaluation questions, methodology and metrics.

Now that the Phase 1 evaluation planning process is complete, WestEd is poised to implement the BHSSA evaluation plan in Phase 2 with the Commission's approval.

Presenter(s): Melissa Martin-Mollard, PhD Chief of Research and Evaluation

Enclosures (1): Overview of the BHSSA Evaluation

Additional Materials (1): A link to the BHSSA Draft Evaluation Plan is available on the Commission website at the following URL: https://bhsoac.ca.gov/wp-content/uploads/BHSSA-Draft-Evaluation-Plan_ADA.pdf

Handouts (1): PowerPoint Presentation

Proposed Motion: That the Commission approve a contract for up to $4 million for WestEd to begin Phase 2 of the BHSSA evaluation.

Mental Health Services
Oversight & Accountability Commission

OVERVIEW OF THE MENTAL HEALTH STUDENT SERVICES ACT EVALUATION

This document provides an overview of the evaluation of the Mental Health Student Services Act (MHSSA). In June 2023, the Commission partnered with WestEd to plan and conduct the evaluation, which is being completed in two phases:

Phase 1: Evaluation Planning. The Commission and its evaluation partner WestEd collaborated on a robust evaluation planning process, grounded in community engagement, that resulted in a feasible and meaningful plan to evaluate the MHSSA (presented below).

Phase 2: Evaluation Plan Implementation and Dissemination. The Commission and WestEd will implement the plan to evaluate the MHSSA and disseminate findings and lessons learned on a regular basis as they become available.

PHASE 1: EVALUATION PLANNING

The MHSSA Evaluation planning process took place between June 2023 and October 2024. During this time, the Commission and WestEd have made significant investments in community engagement activities to foster trust, solicit feedback, collaborate, and codesign the evaluation with partners. Activities were designed to solicit feedback on deliverables including a community engagement plan, theory of change and logic model, evaluation questions and metrics, and a draft evaluation plan.

The following briefly summarizes the activities and events that occurred during the evaluation planning process. The Commission and WestEd:

- Held six MHSSA Evaluation Workgroup meetings to engage subject matter experts and the public.
- Held over 30 Listening Sessions with diverse community partners including students, parents, educators, mental health providers, and others.
- Established a Youth Advisory Group comprised of 16 youth from diverse backgrounds to guide evaluation planning.
- Presented at MHSSA Collaboration meetings.

A principal insight from those activities is that partners value having a voice in the evaluation process and are committed to ongoing collaboration.

In addition, several methodological constraints and priorities emerged from community engagement with partners during the MHSSA Evaluation planning phase. Each MHSSA grantee has taken a unique approach to funding services and supports that address student mental health needs and improve student wellbeing. This is because the MHSSA provides critically important flexibility for grantee partners to innovate. However, this flexibility

introduces methodological challenges in evaluating the statewide implementation of a heterogeneous set of MHSSA-funded activities and services.

An additional challenge for this evaluation's design relates to the timeline of MHSSA implementation versus that of the evaluation. The MHSSA Evaluation planning process began after grants were awarded. MHSSA local implementation has been underway since the first phase of funding in 2020. This timeline presents constraints on the methods that can be used, particularly quantitative research methods that require a baseline comparison.

PHASE 2: EVALUATION PLAN IMPLEMENTATION AND DISSEMINATION

The MHSSA Evaluation Plan has been designed to measure how this early and substantial statewide investment has impacted interagency collaboration and transformational systems change to ultimately support schools in becoming centers of wellbeing and healing. The Evaluation has been codesigned by WestEd, the Mental Health Services Oversight & Accountability Commission (the Commission) and a broad group of community partners to ensure that the Evaluation reflects diverse community perspectives.

Community engagement activities will be embedded throughout implementation of the evaluation. WestEd's engagement strategy will build upon previous community engagement efforts in Phase 1 to include youth empowerment, youth-facilitated data collection, and ongoing partner collaboration.

The evaluation will be implemented between November 2024 and June 2027, and the scope of work includes four key evaluation components.

1. Contextual Descriptive Analyses
2. Process and Systems Change Evaluation
3. Grantee Partnership Case Studies
4. Implementation and Impact School Case Studies

The following table provides a brief description of the four proposed methods for evaluating the MHSSA. The table also includes community engagement feedback from the planning phase (Phase 1) that informed each component of the evaluation.

Evaluation Components	**Community Engagement Feedback**
<u>1. Contextual Descriptive Analyses</u> The current state of the mental health and wellbeing of students in California will be described by county and include exploration of school, district, and community characteristics that are related to students' mental health and wellbeing.	Grant and community partners stated that it was critical to understand and measure variation in student mental health across different regions and populations.

2. Process and Systems Change Evaluation The evaluator will conduct a statewide evaluation to understand implementation of MHSSA and how it has brought about systems change. The evaluation includes collecting survey data from all grantees on their partnerships, implementation of MHSSA-funded activities and services, community strengths/needs, other school mental health initiatives, and outcomes. The evaluation will be designed to provide grantees with useful feedback that can support their local planning and programming efforts.	Grant and community partners shared that they would like to engage with meaningful and useful data through the MHSSA Evaluation. They wanted to use evaluation findings to share successes and challenges they have encountered. They emphasized the importance of collecting data that would be used not only to satisfy reporting requirements but also to support continuous improvement.
3. Grantee Partnership Case Studies The evaluator will conduct case studies with 10 county behavioral health and education grant partners to contextualize and describe how school communities across the state are reimagining systems change through local incentivized partnerships to build comprehensive and effective school mental health systems.	Grant and community partners emphasized that MHSSA is unique because it incentivizes interagency partnerships. They are proud of the work they do and want to demonstrate how LEAs and county behavioral health departments are "better together."
4. Implementation and Impact School Case Studies The evaluator will conduct case studies of 12 MHSSA-funded schools that will explain the impact of MHSSA-funded activities and services, and school mental health system changes on school and student outcomes. It will also explore intervention conditions and describe MHSSA implementation in the context of each participating school.	Grant and community partners expressed an interest in understanding the school-level mental health system in which MHSSA-funded activities and services were implemented so that they could assess the extent to which different approaches may apply in their own school-level mental health systems.

Next Steps

If approved by the Commission, the MHSSA Evaluation will be implemented beginning in April 2025. As the evaluation unfolds, the Commission and WestEd will publicly disseminate findings as they emerge. It is our goal to keep community partners informed and produce findings and lessons learned on a regular basis that can be incorporated into school mental health planning and practice.

AGENDA ITEM 13

Information

March 27, 2025 Commission Meeting

Update on Process and Input on the Innovation Partnership Fund

Summary:
The Commission will hear an update on the process for gathering input from various community partners and local and state agencies on what could be included in the Innovation Partnership Fund strategy.

Background:
Under the Behavioral Health Services Act (BHSA), the Commission will begin administering the Innovation Partnership Fund on July 1, 2026, awarding grants to private, public, and nonprofit partners. With $20 million per year over five years (totaling $100 million), the fund will support innovative, evidence-based approaches to mental health and substance use disorder services, with a focus on underserved, low-income populations, and communities impacted by behavioral health disparities.

The BHSA also calls for consultation between the California Health and Human Services Agency and the State Department of Health Care Services in planning for the use of the Innovation Partnership Fund. It also states that the Commission shall consult with the California Department of Public Health if the Commission utilizes the innovation funding for population-based prevention. The Department of Health Care Access and Information shall also be consulted if funds are utilized for workforce innovations.

On March 14, 2025 the Commission released a Call for Concepts survey to gather public feedback to identify a range of potential innovation projects that may inform the Commission on IPF funding priorities. Feedback will be collected and shared with the Commission at the April 24, 2025 Commission meeting to inform decisions on priorities for the innovation funds.

Presenter(s): Will Lightbourne, Interim Executive Director, BHSOAC

Enclosures: None

Handouts: None

Proposed Motion: None